2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 737405

Entity Name: GEMINI IV TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

3209 BIRD AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3209 BIRD AVENUE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-1781852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPUA, AMBER
3209 BIRD AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BENTARCOURT, MILLIE	
Address:	3211 BIRD AVE.	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	JURADO, CLAUDIA	
Address:	3201 BIRD AVE.	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	O'ROURKE, TERESA	
Address:	3219 BIRD AVE.	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	MC KITTERICK, RUSSELL	
Address:	3217 BIRD AVENUE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	CHASE, MARK	
Address:	3213 BIRD AVE.	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	ABETY, MODESTO	
Address:	3215 BIRD AVE	
City-St-Zip:	MIAMI, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBER KAPUA P 04/27/2006

Electronic Signature of Signing Officer or Director — Date