


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90162 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 756575</b>					
1. Corporation Name <b>GEMINI BEACH OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business C/O LES W BURKE 221 MCKENZIE AVENUE PANAMA CITY FL 32401			Mailing Address C/O LES W BURKE 221 MCKENZIE AVENUE PANAMA CITY FL 32401		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/27/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2156843	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BURKE, LES W. 221 MCKENZIE AVENUE PANAMA CITY FL 32401				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, SHANNON			1.2 NAME	Hayes, Shannon		
STREET ADDRESS	8163 MASTERS COURT			1.3 STREET ADDRESS	8163 Masters Court		
CITY-ST-ZIP	JONESBORO GA 30236			1.4 CITY-ST-ZIP	Jonesboro, GA 30236		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAPPS, JOHN			2.2 NAME	McGhee, Gloria		
STREET ADDRESS	14691 FRONT BEACH ROAD, #5			2.3 STREET ADDRESS	64 Lookout Point		
CITY-ST-ZIP	PANAMA CITY BEACH FL			2.4 CITY-ST-ZIP	Jackson Gap, AL 36861		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REESE, JOYLYN C.			3.2 NAME	Thomas, Robert		
STREET ADDRESS	14691 FRONT BEACH RD #6			3.3 STREET ADDRESS	P.O. Box 1170		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413			3.4 CITY-ST-ZIP	Midland City, AL 36350		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/30/99

(850) 769-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)