2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756575

FILED Apr 30, 2004 Secretary of State

Entity Name: GEMINI BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LES W BURKE 221 MCKENZIE AVENUE PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

C/O LES W BURKE 221 MCKENZIE AVENUE PANAMA CITY, FL 32401

FEI Number: 59-2156843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURKE, LES W.
221 MCKENZIE AVENUE
, BURKE, LES W
221 MCKENZIE AVENUE
, PANAMA CITY, FL 32401 US

PANAMA CITY, FL 32401 US

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: LES W. BURKE 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MCCARTHY, WOODIE
 Name:
 MCCARTY, WOODIE

 Address:
 19907 FRONT BEACH RD
 Address:
 19907 FRONT BEACH RD

 Address:
 19907 FRONT BEACH RD
 Address:
 19907 FRONT BEACH RD

 City-St-Zip:
 PANAMA CITY, FL 324134432
 City-St-Zip:
 PANAMA CITY, FL 324134432

Title: VD () Delete Title: () Change () Addition Name: MCGHEE, GLORIA Name:

Address: 64 LOOKOUT POINT Address: City-St-Zip: JACKSONS GAP, AL 36861 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 MADDOX, JACKIE
 Name:
 MADDOX, JACKIE

 Address:
 915 SOUTH MAIN
 Address:
 880 SOUTH MAIN

 City-St-Zip:
 BLAKELY, GA 31723
 City-St-Zip:
 BLAKELY, GA 39823

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WOODIE MCCARTY PD 04/30/2004