2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 756575

FILED Apr 30, 2003 Secretary of State

Entity Name: GEMINI BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
221 MCK	W BURKE ENZIE AVENU CITY, FL 3240			
Current Mailing Address:		New Mailing Address:		
221 MCKE	W BURKE ENZIE AVENU CITY, FL 3240			
FEI Numbei	r: 59-2156843	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
BURKE, L 221 MCKE	.ES W. ENZIE AVENU	Ē		
PANAMA	CITY, FL 3240	01 US		
The above	•		ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above in the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both, Date
The above in the Stat	e named entity e of Florida. RE:	submits this statement for the particles of Registered Against Signature Office Sig	ent	
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electroi S AND DIRECTED PD (MCCARTHY, V 19907 FRONT	submits this statement for the price Signature of Registered Age TORS:) Delete WOODIE	ent	Date
The above in the Stat	e named entity e of Florida. RE: Electroi S AND DIRECT PD (MCCARTHY, V 19907 FRONT PANAMA CITY	submits this statement for the price Signature of Registered Age STORS:) Delete WOODIE BEACH RD , FL 324134432) Delete DRIA POINT	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: GLORIA MCGHEE VD 04/30/2003