

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006495

FILED
Aug 31, 2007
Secretary of State

Entity Name: GEMS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6767 N. WICKHAM ROAD
MELBOURNE, FL 32940

New Principal Place of Business:

213 IVORY DRIVE
MELBOURNE BEACH, FL 32951

Current Mailing Address:

ADVANCED PROPERTY MGMT INC
1978 ROCKLEDGE BLD STE 106
ROCKLEDGE, FL 32955

New Mailing Address:

TCB PROPERTY MANAGEMENT, LLC
3830 SOUTH HWY A1A #4-113
MELBOURNE BEACH, FL 32951

FEI Number: 20-1860651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MANAGEMENT
1978 ROCKLEDGE BLVD STE 106
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

TCB PROPERTY MANAGEMENT, LLC
3830 SOUTH HWY A1A #4-113
MELBOURNE BEACH, FL 32951 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: SHARON A. LOCKAMY

08/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYNNE, PATRICIA
Address: 1249 MARQUISE CT D2
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: RILEY, BRETT
Address: 1288 MARQUISE CT A5
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD () Delete
Name: GALLOWAY, DIANNE
Address: 1290 MARQUISE CT A6
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: GALLOWAY, DIANNE
Address: 1290 MARQUISE CT A6
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD (X) Change () Addition
Name: MARTIN, LAWRENCE
Address: 1266 MARQUISE CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD (X) Change () Addition
Name: SIKES, MIRIAM
Address: 2425 SW 22ND AVE #102
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify 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: SHARON LOCKAMY

MGR

08/31/2007

Electronic Signature of Signing Officer or Director

Date