

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006495

FILED
Apr 29, 2009
Secretary of State

Entity Name: GEMS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

213 IVORY DRIVE
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952

Current Mailing Address:

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

New Mailing Address:

137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952

FEI Number: 20-1860651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TCB PROPERTY MANAGEMENT, LLC
1305 GIRARD BLVD
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

TCB PROPERTY MANAGEMENT, LLC
137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952 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 LOCKAMY

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PD () Delete
Name: GAYLE, ELLEN
Address: 1223 MARQUISE CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: SCHIGNER, JOHN
Address: 1251 MARQUISE CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: ALLEN, LISA
Address: 1242 MARQUISE CT
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: ELLEN GAYLE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date