

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010229

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: GEMINI PARKING DECK NORTH, INC.

**Current Principal Place of Business:**

2020 W. PENSACOLA STREET  
#27  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2535  
TALLAHASSEE, FL 32316

**New Mailing Address:**

FEI Number: 20-8690746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHS MANAGEMENT, LLC.  
2020 W. PENSACOLA STREET  
#27  
TALLAHASSEE, FL 32304 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEONI, STEVEN  
Address: 416 NORTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete  
Name: SAULS, JAMES  
Address: 2020 W. PENSACOLA STREET  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: STEVEN LEONI

PD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date