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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

543078 - 90345 - 46

DOCUMENT # N06432

1. Corporation Name
GEM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%NARMA E. MCALLISTER 997 WITTMAN DR. FORT MYERS FL 33919	%NARMA E. MCALLISTER 997 WITTMAN DR. FORT MYERS FL 33919

2. Principal Place of Business	2a. Mailing Address
21 c/o KENNETH P. BRACHER	26 c/o KENNETH P. BRACHER
Suite, Apt. #, etc. 22 809 SW 51st Terr	Suite, Apt. #, etc. 27 809 SW 51st Terr
City & State 23 Cape Coral Fl.	City & State 28 Cape Coral Fl.
Zip / Country 24 33914 25 Lee	Zip / Country 29 33914 30 Lee

3. Date Incorporated or Qualifed: 12/03/1984

4. FEI Number: 59-2615114. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCALLISTER, NORMA
997 WITTMAN DR.
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: KENNETH P. BRACHER
82 Street Address (P.O. Box Number is Not Acceptable): 809 SW 51ST TERRACE
83
84 City: Cape Coral FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Kenneth P. Bracher — KENNETH P. BRACHER — 4/22/99 — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MCALLISTER, NORMA E.		1.2 NAME	KENNETH P. BRACHER
STREET ADDRESS	997 WITTMAN DR.		1.3 STREET ADDRESS	809 S.W. 51ST TERRACE
CITY-ST-ZIP	FORT MYERS FL 33919		1.4 CITY-ST-ZIP	CAPE CORAL FLORIDA 33914
TITLE	STD	☒ DELETE	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	WATTS, RONALD		2.2 NAME	PATRICIA J. BRACHER
STREET ADDRESS	997 WITTMAN DR.		2.3 STREET ADDRESS	809 SW 51ST TERRACE
CITY-ST-ZIP	FORT MYERS FL 33919		2.4 CITY-ST-ZIP	CAPE CORAL FLORIDA 33914
TITLE	D	☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	LEO, DAVID J.		3.2 NAME	BRIAN P. BRACHER
STREET ADDRESS	997 WITTMAN DR.		3.3 STREET ADDRESS	809 SW 51ST TERRACE
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	CAPE CORAL FLORIDA 33914
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — KENNETH P BRACHER — 4/22/99 — 941 9102290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)