
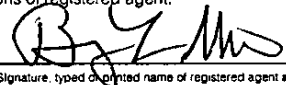
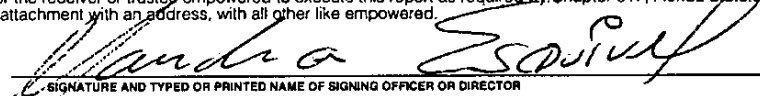


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90053 007 ****61.25

DOCUMENT # N43354 1. Entity Name GEMINI VII TOWNHOUSE ASSOCIATION INC.					
Principal Place of Business 3174 BIRD AVENUE MIAMI, FL 33133-4437			Mailing Address 660 LINTON BLVD #207 DELRAY BEACH, FL 33444		
2. Principal Place of Business 3168 Bird Avenue			3. Mailing Address 1101 N. Congress Ave.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. #204		
City & State 			City & State Boynton Beach, FL		
Zip 		Country 		4. FEI Number 65-0346085	
Zip 33426		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCURATE ACCOUNTING & TAX AFFILIATES 660 LINTON BLVD #207 DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Accurate Accounting Affiliates, Inc. Street Address (P.O. Box Number is Not Acceptable) 1101 N. Congress Ave. #204 City Boynton Beach FL Zip Code 33426	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 01-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, STEPHEN M 3174 BIRD AVENUE MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESQUIVEL, CLAUDIA 3168 BIRD AVENUE MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Esquivel, Claudia 3168 Bird Avenue Miami, FL 33133-4437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDONA, JAIME 3169 BIRD AVE MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cardona, Jaime 3169 Bird Avenue Miami, FL 33133-4437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Masuda, Yozo 3172 Bird Avenue Miami, FL 33133-4437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 1-27-04 Daytime Phone #		

50010493



01122005 Chg-NP CR2E037 (10/03)