2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041166

Entity Name: GEMS WEST COMMUNITY DEVELOPERS, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940								
Current Mailing Address:				New Mailing Address:				
6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940								
FEI Number: (03-0521935	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status	s Desired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FRESE, GARY B 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901 US				KUSH, ROBERT M 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940 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: ROBERT M. KUSH				04/27/2005				
	Electronic	Signature of Registered Age	nt			Date		
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GIRARD, SUSAN	M ROAD, SUITE 500		Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	BUESCHER, KEI	M ROAD, SUITE 500		Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	KUSH, ROBERT	M ROAD, SUITE 500		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	DT () E SIGMUND, JAME 6767 N. WICKHA MELBOURNE, FL	S L M ROAD, SUITE 500		Title: Name: Address: City-St-Zip:	SIGMUND, JAME	M ROAD, SUITE 50	0	
Title: Name: Address: City-St-Zip:	LONGO, PATRIC	M ROAD, SUITE 500		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	S ()E PRINCE, FRANK 6767 N. WICKHA MELBOURNE, FL	M ROAD		Title: Name: Address: City-St-Zip:	() (Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. KUSH P 04/27/2005