

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **761984** (4)

1. Corporation Name

GINGER PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1956 JAMMES ROAD #53
JACKSONVILLE FL 32210

1956 JAMMES ROAD #53
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified

02/16/1982

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2176308

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, GEORGE, V
4953 DIAN WOOD DR EAST
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

George V. Robertson

(NOTE: Registering agent signature required when registering)

DATE

4/23/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ROBERTSON, GEORGE, V
STREET ADDRESS	4953 DIAN WOOD DR E
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	DISTEFANO, PHYLLIS
STREET ADDRESS	1956 JAMMES ROAD A-7
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	ROBERTSON, ELEANOR F
STREET ADDRESS	1953 DIAN WOOD DR. EAST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DV
NAME	BRADFORD, JOHN
STREET ADDRESS	1956 JAMES RD #49
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	ALLEN, REBA J.
STREET ADDRESS	1956 JANNES RD #8
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Dallas, Cynthia
4.4 CITY - ST - ZIP	509 Rockwood Court Orange Park, FL 32065
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DV
5.3 STREET ADDRESS	Allen, Reba J.
5.4 CITY - ST - ZIP	1956 Jammes Rd #6 Jacksonville, FL 32210
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

George V. Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95

(904) 778-0387
DATE TELEPHONE #