

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-03-2001 90949 001 ****61.25

74417

DO NOT WRITE IN THIS SPACE

DOCUMENT # **1761984** (U)

1. Entity Name
Ginger Park Condominiums

Principal Place of Business Mailing Address
1956 JAMES ROAD #53
JACKSONVILLE FL. 32210

2. Principal Place of Business 3. Mailing Address
1956 JAMES ROAD **877 S. EDGEWOOD AVE.**
 Suite (Apt. #) etc. Suite, Apt. #, etc.
53 **FLA**

City & State City & State
JAX. FL. **JACKSONVILLE FL.**

Zip Country Zip Country
32210 US **32205 US**

4. FEI Number **59-2176308** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAN ELLIS FOOTMAN JR.
1311 WINDSOR PLACE
JACKSONVILLE FL. 32205

7. Name and Address of New Registered Agent
 Name **DAN ELLIS FOOTMAN JR.**
 Street Address (P.O. Box Number is Not Acceptable)
1311 WINDSOR PLACE
 City **JAX.** FL Zip Code **32205**

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.
 SIGNATURE DATE **4-25-01**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P. George Robertson	<input checked="" type="checkbox"/> Delete
NAME	George Robertson	
STREET ADDRESS	4953 DIANWOOD DRIVE E.	
CITY-ST-ZIP	JACKSONVILLE FL.	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	George Robertson	
STREET ADDRESS	4953 DIANWOOD DRIVE E.	
CITY-ST-ZIP	JACKSONVILLE FL.	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	PHYLLIS DISTAFFA	
STREET ADDRESS	1956 JAMES RD. #7	
CITY-ST-ZIP	JAX. FL. 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	OLD DIRECTORS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT - DIRECTOR	
STREET ADDRESS	DAN ELLIS FOOTMAN JR.	
CITY-ST-ZIP	1311 WINDSOR PLACE	
CITY-ST-ZIP	JAX. FL. 32205	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER/SECRETARY	
STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	Leslie O. Footman	
CITY-ST-ZIP	1311 WINDSOR PLACE	
CITY-ST-ZIP	JAX. FL. 32205	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	Kevin Roberts	
CITY-ST-ZIP	7505 PITCH PINE CIR	
CITY-ST-ZIP	TAMPA FL. 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	new DIRECTORS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 info empowered.
 SIGNATURE: DAN FOOTMAN DATE: **4-25-01** 389-5850
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Digitized Phone #

CR2E037 (1/1/00)