


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90159 020 ****61.50

DOCUMENT # 761984

1. Entity Name
GINGER PARK OWNERS ASSOCIATION, INC.



Principal Place of Business
849 S. EDGEWOOD JACKSONVILLE, FL 32205

Mailing Address
PO BOX 37024 JACKSONVILLE, FL 32236



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03112004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
ELLIS, DAN
849 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **4-12-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

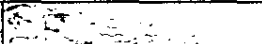
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOOTMAN, DAN ELLIS JR	
STREET ADDRESS	849 S. EDGWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	FOOTMAN, LESLIE O	
STREET ADDRESS	849 S. EDGEWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, KEVIN	
STREET ADDRESS	7505 PITCH PINE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JEFF	
STREET ADDRESS	1956 JAMMES RD #24	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kell, Tony	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1956 JAMMES RD. # 31	
CITY-ST-ZIP	JAX, FL. 32210	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATES, Robbie	
STREET ADDRESS	1956 JAMMES RD. #47	
CITY-ST-ZIP	JAX, FL. 32210	
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 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 empowerments.

SIGNATURE:  DATE **4-12-04** Daytime Phone # **904-233-4327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR