


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

761984

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SECRET
TALLAHASSEE, FLORIDA

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2176308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLIS, DAN 849 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205		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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by September 7, 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	PD	TITLE	
NAME	FOOTMAN, DAN ELLIS JR	NAME	
STREET ADDRESS	849 S. EDGWOOD AVE.	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32205	CITY - ST - ZIP	
TITLE	TSD	TITLE	
NAME	FOOTMAN, LESLIE O	NAME	
STREET ADDRESS	849 S. EDGEWOOD AVE.	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32205	CITY - ST - ZIP	
TITLE	VPD	TITLE	
NAME	ROBERTS, KEVIN	NAME	
STREET ADDRESS	7505 PITCH PINE CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33817	CITY - ST - ZIP	
TITLE	O	TITLE	
NAME	KELL, TONY	NAME	
STREET ADDRESS	1956 JAMMES RD #31	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32210	CITY - ST - ZIP	
TITLE	O	TITLE	
NAME	GATES, ROBBIE	NAME	
STREET ADDRESS	1958 JAMMES RD #47	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32210	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 titles empowered.			
SIGNATURE: _____		Date: 5-1-05 904-378-9220	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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