


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 761984 1. Entity Name GINGER PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 849 S. EDGEWOOD JACKSONVILLE, FL 32205	Mailing Address PO BOX 37024 JACKSONVILLE, FL 32236
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DO NOT WRITE IN THIS SPACE

05012606 No Chg-NP CR26007 (4/06)

4. FEI Number 59-2176306	Applies For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, DAN
849 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

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I, 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 agents.

SIGNATURE _____
Signed as: Secretary or Principal Place of Business, Agent or Director (Not for use with non-charitable entities) (NOTE: Registered Agent filers use restricted non-charitable) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

8. Election Campaign Financing
Trust Fund Contribution **\$5.00** may be
Added to Fees

10. OFFICERS AND DIRECTORS:

TYPE NAME STREET ADDRESS CITY-ST-ZIP	PO FOOTMAN, DAN ELLIS JR 849 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TSD FOOTMAN, LESLIE O 849 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205
TYPE NAME STREET ADDRESS CITY-ST-ZIP	VPO ROBERTS, KEVIN 7505 PITCH PINE CIRCLE TAMPA, FL 33617
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TYPE NAME STREET ADDRESS CITY-ST-ZIP	

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00000582406
05/19/06-80054-025 61.25

I hereby certify that the information submitted with this filing complies with the requirements contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement filed herein is true and correct 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 manager or trustee responsible to prepare this report as required by Chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 of this document, or on an attachment with an addendum, with all other filers as indicated.

SIGNATURE: _____ **4/30/06** _____
Printed Name of Signer Printed Name of Officer or Director