
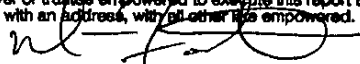


**FILED**

**Apr 30, 2007 08:00 AM**  
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 761984</b>					
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 - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FE Number 51-2176308				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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rate filing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTMAN, DAN ELLIS JR			NAME	
STREET ADDRESS	849 S. EDGEWOOD AVE.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP	
TITLE	TSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTMAN, LESLIE O			NAME	
STREET ADDRESS	849 S. EDGEWOOD AVE.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KEVIN			NAME	
STREET ADDRESS	7505 PITCH PINE CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33817			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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 fees empowered.					
SIGNATURE: 				4-23-07	
<small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



042X 2007 CH-NP CR2E037 (12/06)

4. FE Number 51-2176308 Applied For  Not Applicable

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

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
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Make check payable to  
Florida Department of State

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TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE	TSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

U00000746692	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05/16/07-80079-005 61.25	

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SIGNATURE:  4-23-07  
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR