


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 761984</b>			
1. Entity Name <b>GINGER PARK OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 1956 JAMES ROAD #53 JACKSONVILLE, FL 32210		Mailing Address 1956 JAMES ROAD #53 JACKSONVILLE, FL 32210	
2. Principal Place of Business 849 S. EDGEWOOD JAX, FL.		3. Mailing Address P.O. Box 37024 JAX, FL. 32236-7024	
City & State		City & State	
4. FEI Number <b>59-2176308</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <b>32205</b>	Country <b>USA</b>	Zip <b>32236</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>FOOTMAN, DAN ELLIS JR 1311 WINDSOR PLACE JACKSONVILLE, FL 32205</b>		7. Name and Address of New Registered Agent Name <b>DAN ELLIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>849 S. EDGEWOOD AVE.</b> <b>JAX, FL. 32205</b> City <b>JAX, FL.</b> Zip Code <b>FL 32205</b>	
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: <i>D. Ellis</i> 4-1-03 DATE <small>Signature, typed or printed name of registered agent and this application. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW (FEES \$0) 25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME FOOTMAN, DAN ELLIS JR STREET ADDRESS 1311 WINDSOR PLACE CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE PD NAME DAN ELLIS STREET ADDRESS 849 S. EDGEWOOD AVE. CITY-ST-ZIP JAX, FL. 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TSD NAME FOOTMAN, LESLIE O STREET ADDRESS 1311 WINDSOR PLACE CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE TSD NAME LESLIE FOOTMAN STREET ADDRESS 849 S. EDGEWOOD AVE CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ROBERTS, KEVIN STREET ADDRESS 7605 PITCH PINE CIRCLE CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE VPD NAME KEVIN ROBERTS STREET ADDRESS 7605 PITCH PINE CIRCLE CITY-ST-ZIP TAMPA, FL. 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE O NAME MILLER, JEFF STREET ADDRESS 1956 JAMES RD #24 CITY-ST-ZIP JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 517, 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 the empowered.			
SIGNATURE: <i>D. Ellis</i> 4-1-03 328-5850		Date	

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CR2037 (10/02)