


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # 770181 (6) 1. Corporation Name GINGER TREE HOMEOWNERS' ASSOCIATION, INC.																																																																																																																																																			
Principal Place of Business % SUNRAE MANAGEMENT P.O. BOX 492037 FT LAUDERDALE FL 33349-9037		Mailing Address % SUNRAE MANAGEMENT P.O. BOX 492037 FT LAUDERDALE FL 33349-2037																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. SUNRAE MANAGEMENT SERVICES, INC. 22 City & State 4000 N. STATE RD. 7 STE. 408A LAUDERDALE LAKES, FL 33319 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. SUNRAE MANAGEMENT SERVICES, INC. 27 City & State 4000 N. STATE RD. 7 STE. 408A LAUDERDALE LAKES, FL 33319 28 Zip Country 29 30																																																																																																																																																	
3. Date Incorporated or Qualified 09/09/1983		3a. Date of Last Report 04/10/1996																																																																																																																																																	
4. FEI Number 59-2376818		Applied For Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																			
9. Name and Address of Current Registered Agent BUSCH, KAREN H C/O SUNRAE MANAGEMENT SERVICES 4000 N STATE RD 7 #408A LAUDERDALE LAKES FL 33319		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																																	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																																																																																																																																																			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DILLMAN, ERWIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3294 CARAMBOLA CIR S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT CREEK FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BUND, SOL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3312 CARAMBOLA CIR S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT CREEK FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DERICHS, AL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3324 CARAMBOLA CIR. 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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

4-5-97 1007925-9496

CR2E037 (9/96)