

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37124 (7)**
1. Corporation Name

GINGER MILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 690334 ORLANDO FL 32869
Mailing Address: P.O. BOX 690334 ORLANDO FL 32869

3. Date Incorporated or Qualified: **03/16/1990**
3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business: 21 Suite, Apt. #, etc. **PO Box 770481**
22 City & State: **Orlando, FL**
23 Zip: **32817-0481** Country: **USA**
24
2a. Mailing Address: 26 Suite, Apt. #, etc. **PO Box 770481**
27 City & State: **Orlando, FL**
28 Zip: **32817-0481** Country: **USA**
29 30

4. FEI Number: **59-2995770**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STEPHAN, SCOTT
12470 CORIANDER DR.
ORLANDO FL 32837

10. Name and Address of New Registered Agent
81 Name: **Melissa Brown**
82 Street Address (P.O. Box Number is Not Acceptable): **12515 Canela Court**
83
84 City: **Orlando** FL 85 Zip Code: **32837**

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: *Melissa M. Brown* (NOTE: Registered Agent signature required when reinstating)
DATE: **3/13/96**

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|------------------------------|--------------------------|
| TITLE | VD | <input type="checkbox"/> |
| NAME | SPOHN, RONALD | |
| STREET ADDRESS | 12421 CORIANDER DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PD | <input type="checkbox"/> |
| NAME | BROWN, MELISSA | |
| STREET ADDRESS | 12515 CANELA CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | SD | <input type="checkbox"/> |
| NAME | EVANS, WILLIAM J. JR. | |
| STREET ADDRESS | 2055 BASIL DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|-------------------------------------------------------|--|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Melissa M. Brown* DATE: **3/13/96** DAY/TIME PHONE #

CR2E037 (12/95)