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Mar 24 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 # N37124 (7)

1. Corporation Name  
GINGER MILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 770481 ORLANDO FL 32877-0481 US  
P.O. BOX 770481 ORLANDO FL 32877-0481 US

3. Date Incorporated or Qualified 03/16/1990  
3a. Date of Last Report 04/09/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2995770	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	Country	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				10. Name and Address of New Registered Agent			
BROWN, MELISSA 12515 CANEKA COURT ORLANDO FL 32837				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOHN, RONALD	1.2 NAME	Robert Battey
STREET ADDRESS	12421 CORIANDER DR.	1.3 STREET ADDRESS	2079 Poplar Dr.
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orlando, FL 32824
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MELISSA	2.2 NAME	Patricia S. Greenwood
STREET ADDRESS	12515 CANELA CT	2.3 STREET ADDRESS	2073 Basil Drive
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, FL 32824
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WILLIAM J. JR.	3.2 NAME	
STREET ADDRESS	2055 BASIL DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Patricia S. Greenwood 3-13-97 407438-5833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018300

CR2E037 (9/96)