


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37124** (7)

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



Principal Place of Business P.O. BOX 770481 ORLANDO FL 32877-0481 US	Mailing Address P.O. BOX 770481 ORLANDO FL 32877-0481 US
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3. Date Incorporated or Qualified 03/16/1990	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2895770		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BROWN, MELISSA
 12515 CANEKA COURT
 ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name **Robert Battey - President**

82 Street Address (P.O. Box Number is Not Acceptable)
2079 Paprika Drive

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 **Robert Battey - President** *Robert C. Battey* 5/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BATTEY, ROBERT	
STREET ADDRESS 2079 PAPRIKA DRIVE	
CITY-ST-ZIP ORLANDO FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BROWN, MELISSA	
STREET ADDRESS 12515 CANELA CT	
CITY-ST-ZIP ORLANDO FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME EVANS, WILLIAM J. JR.	
STREET ADDRESS 2055 BASIL DR.	
CITY-ST-ZIP ORLANDO FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME GREENWOOD, PATRICIA S	
STREET ADDRESS 2079 BASIL DRIVE	
CITY-ST-ZIP ORLANDO FL	
TITLE I	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Robert Battey	
1.3 STREET ADDRESS 2079 Paprika Drive	
1.4 CITY-ST-ZIP Orlando, FL 32837	
2.1 TITLE Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Dolli Guinones	
2.3 STREET ADDRESS 12507 Canela Ct.	
2.4 CITY-ST-ZIP Orlando, FL 32837	
3.1 TITLE Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Janet Batterfield	
3.3 STREET ADDRESS 2170 Hill Drive	
3.4 CITY-ST-ZIP Orlando, FL 32837	
4.1 TITLE Treasurer - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Patty Brannock	
4.3 STREET ADDRESS 12368 Coriander Drive	
4.4 CITY-ST-ZIP Orlando, FL 32837	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **5-6-98** *Robert C. Battey Pres.*

CR2E037 (5/98)