

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N37124

1. Entity 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



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2995770** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, SCOTT
 12470 CORIANDER DR
 ORLANDO, FL 32837

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME STEPHAN, SCOTT
 STREET ADDRESS 12470 CORIANDER DR
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE SD
 NAME CORA, ELAINE
 STREET ADDRESS 12487 CORIANDER DR
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE T
 NAME BRANNOCK, PATTY
 STREET ADDRESS 12368 CORIANDER DR
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE VPD
 NAME BRANCH, RUSSELL
 STREET ADDRESS 12650 MAJORAMA DR
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000596332
 01/23/07-80075-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 like empowered.

SIGNATURE: Stephan Scott **PPS-GMHA** Scott Stephan 1/16/07 407-7166-7038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #