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).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

FILED

Aug 27 1998 8:00am

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State DOCUMENT # N37124 GINGER MILL HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Malling Address P.O. BOX 770481 3. Date Incorporated or Qualified P.O. BOX 770481 ORLANDO FL 32877-0481 ORLANDO FL 32877-0481 03/16/1990 Applied For 4. FEI Number 59-2995770 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. \$5.00 May Be Sulte, Apt. #, etc. 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 22 27 7. Is this nonprofit corporation a homeowners association? City & State City & State 23 28 Country Zip Country 8. This corporation owes or has paid the current year intangible Zip X Yes 30 Personal Property Tax due June 30. 24 20 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ddress (P.Q. Box Number is Not Acceptable) BROWN, MELISSA 82 12515 CANEKA COURT 83 ORLANDO FL 32837 84 City 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 is board of directors. Therefore accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE Robert Battey - President Signature, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President - D Robert Battey 2079 Paprika Drive 1.1 TITLE X Change TITLE DELETE Addition BATTEY, ROBERT 12 NAME NAME 2079 PAPRIKA DRIVE 1.3 STREET ADDRESS STREET ADDRESS Orkendo, FL 32837 ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Vice President Change Addition Addition TITLE DELETE Dolli Quinones BROWN, MELISSA 2.2 NAME NAME 12507 Canela Ct. 12515 CANELA CT 2.3 STREET ADDRESS STREET ADDRESS Hando, FL B2837 ORLANDO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Secretary Dane Satter Pield 3.1 TITLE TITLE X DELETE Change Addition 3.2 NAME NAME EVANS, WILLIAM J. JR. व्याप गाँग Drive 2055 BASIL DR. 3.3 STREET ADDRESS STREET ADDRESS 3283° orlando fl 3.4 CITY-ST-ZIP CITY-ST-ZIP Change 4.1 TITLE Addition TITLE X DELETE 4.2 NAME NAME greenwood, patricia s criander J368 STREET ADDRESS 2073 BASIL DRIVE 4.3 STREET ADDRESS 32837 CITY-ST-ZIP orlando fl 4.4 CITY-ST-ZIP **5.1 TITLE** TITLE DELETE Change Addition 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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 withy an address. SIGNATURE: .