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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90001 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37124**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/16/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2995770
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BATTEY, ROBERT**  
**2079 PAPRIKA DR**  
**ORLANDO FL 32837**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTEY, ROBERT	1.2 NAME	Wayne Goldhammer
STREET ADDRESS	2079 PAPRIKA DR	1.3 STREET ADDRESS	2182 Dill Drive
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUINONES, DOLLI	2.2 NAME	Sonia Rainey
STREET ADDRESS	12507 CANELA CT	2.3 STREET ADDRESS	12307 Coriander Drive
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	SATTERFIELD, JANET	3.2 NAME	
STREET ADDRESS	2170 DILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BRANNOCK, PATTY	4.2 NAME	
STREET ADDRESS	12368 CORIANDER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

Pres.

1/17/99

407-859-9513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)