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2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State **DOCUMENT # N37124** 1. Entity Name 05-04-2001 90139 037 ****61.25 GINGER MILL HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 770481 P.O. BOX 770481 ORLANDO FL 32877-0481 ORLANDO FL 32877-0481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2995770 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gold hamme Number is Not Acceptable) BATTEY, ROBERT 2079 PAPRIKA DR ORLANDO FL 32837 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. SIGNATURE e of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (5/01)TITLE Delete TITLE President Change Change ☐ Addition BATTEY, ROBERT NAME NAME STREET ADDRESS 2079 PAPRIKA DR STREET ADDRESS **248**2 CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP OHando. VP/D TITLE ☐ Delete TITLE Change **Addition** Vice President - D **GOLDHAMMER, WAYNE** NAME Dalimaliter Quinones STREET ADDRESS 2182 DILL DRIVE STREET ADDRESS 19507 Canela Ct. CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP Fi Mando. Secretary TITLE Delete TITLE ☐ Change Addition RAINEY, SONJA Cora NAME NAME Elaine Cora 12487 Coriander Dr. 12307 CORIANDER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BRANNOCK, PATTY** NAME NAME 12368 CORIANDER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71E TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 with all other like empowered. changed, or on an attachment with any 407- N89-

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