

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N37124**

1. Entity Name

**GINGER MILL HOMEOWNERS' ASSOCIATION, INC.****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90119 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 770481  
ORLANDO FL 32877-0481  
USP.O. BOX 770481  
ORLANDO FL 32877-0481  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**GOLDHAMMER, WAYNE**  
**2182 DILL DRIVE**  
**ORLANDO FL 32837**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GOLDHAMMER, WAYNE ☐ Delete  
STREET ADDRESS 2182 DILL DRIVE  
CITY-ST-ZIP ORLANDO FL 32837TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP/D  
NAME QUINONES, DAUMALTEA ☐ Delete  
STREET ADDRESS 12507 CANELA CT  
CITY-ST-ZIP ORLANDO FL 32837TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD  
NAME CORA, ELAINE ☐ Delete  
STREET ADDRESS 12487 CORIANDER DR  
CITY-ST-ZIP ORLANDO FL 32837TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T  
NAME BRANNOCK, PATTY ☐ Delete  
STREET ADDRESS 12368 CORIANDER DR  
CITY-ST-ZIP ORLANDO FL 32837TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(l), 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:

*Wayne Goldhammer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

Daytime Phone #

CR2E037 (9/01)