2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37124

1. Entity Name
GINGER MILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 770481	P.O. BOX 770481
ORLANDO, FL 32877-0481 US	ORLANDO, FL 32877-0481 US

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-2995770	Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDHAMMER, WAYNE
2182 DILL DRIVE
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 _____ - President Wayne Goldhammer   2/12/04
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2004

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

U000000054368
02/16/04--80167--016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDHAMMER, WAYNE
STREET ADDRESS	2182 DILL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837

TITLE	VP/D
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ - President Wayne Goldhammer 2/12/04 407-489-9707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #