

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90075 028 \*\*\*\*70.00

<b>DOCUMENT # N37124</b> 1. Entity Name <b>GINGER MILL HOMEOWNERS' ASSOCIATION, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2995770</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDHAMMER, WAYNE</b> <b>2182 DILL DRIVE</b> <b>ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name <b>Scott Stephan</b> Street Address (P.O. Box Number is Not Acceptable) <b>12470 Coriander Drive</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32837</b>	
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 <b>Scott Stephan - President</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDHAMMER, WAYNE		NAME		
STREET ADDRESS	2182 DILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHAN, SCOTT		NAME	<b>P/O Stephan, Scott</b>	
STREET ADDRESS	12470 CORIANDER DR		STREET ADDRESS	<b>12470 Coriander Drive</b>	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	<b>Orlando, FL 32837</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORA, ELAINE		NAME		
STREET ADDRESS	12487 CORIANDER DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANNOCK, PATTY		NAME		
STREET ADDRESS	12368 CORIANDER DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VP/D Russell Brach</b>	
STREET ADDRESS			STREET ADDRESS	<b>12650 Majorama Drive</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Orlando, FL 32837</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Scott Stephan - President</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>2/21/06</b>	Daytime Phone # <b>407-766-7038</b>