

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N37124

1. Entity 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

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2995770	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, SCOTT
12470 CORIANDER DR
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
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	VPD
NAME	BRANCH, RUSSELL
STREET ADDRESS	12650 MAJORAMA 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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01/23/07-80075-015 70.00

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IN THIS SPACE**

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.

SIGNATURE: Scott Stephan 1/16/07 407-7166-7038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #