

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13744

Entity Name: GINGER CREEK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**GINGER CREEK HOMEOWNERS ASSN., INC
3050 SENNA COURT
ORLANDO, FL 32826**Current Mailing Address:**GINGER CREEK HOMEOWNERS ASSN., INC
P O BOX 780417
ORLANDO, FL 32878 US**FEI Number: 59-2808591****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATZMAN GARFINKEL & BERGER
5297 W. COPANS RD.
MARGATE, FL 33063 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name DAWSON, PETE
Address 3050 SENNA COURT
City-State-Zip: ORLANDO FL 32826Title VP
Name CARLTON, MARISSA
Address 3157 GINGER CIRCLE
City-State-Zip: ORLANDO FL 32826Title S/T
Name DAWSON, TERRI
Address 3050 SENNA COURT
City-State-Zip: ORLANDO FL 32826Title D
Name FODERS, ALBERT
Address 13843 GINGER CREEK BOULEVARD
City-State-Zip: ORLANDO FL 32826Title D
Name AROCHO, JIMMY
Address 3105 POPPY SEED COURT
City-State-Zip: ORLANDO FL 32826Title D
Name CHAMBERS, MICHAEL
Address 3023 SENNA COURT
City-State-Zip: ORLANDO FL 32826Title DIRECTOR
Name NORBERG, BRIAN
Address 13862 GINGER CREEK BLVD
City-State-Zip: ORLANDO FL 32826

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRI L DAWSON**SECRETARY/TREASURER 04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date