

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

761984

DOCUMENT # 761984 1. Entity Name GINGER PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 849 S. EDGEWOOD JACKSONVILLE, FL 32205			Mailing Address PO BOX 37024 JACKSONVILLE, FL 32236		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 1.2em; font-weight: bold;">66016116</div> <div style="font-size: 0.8em;"> 05/16/05 01078 002 \$61.25 05032005 Chg-NP CR2E037 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 59-2176308				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ELLIS, DAN 849 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOOTMAN, DAN ELLIS JR 849 S. EDGWOOD AVE. JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD FOOTMAN, LESLIE O 849 S. EDGEWOOD AVE. JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROBERTS, KEVIN 7505 PITCH PINE CIRCLE TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O KELL, TONY 1956 JAMMES RD #31 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GATES, ROBBIE 1958 JAMMES RD #47 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____ 5-1-05 904-378-9220 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRET
TALLAHASSEE, FLORIDA