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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:44

DOCUMENT # 733836 (1)

1. Corporation Name
ERROL OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1400 OAK PLACE~~ ~~APOPKA FL 32712~~	~~1400 OAK PLACE~~ ~~APOPKA FL 32712~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1975
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1633269 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 237 Hunt Club Blvd.,	26 237 Hunt Club Blvd.
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip 24 32779 Country 25 Seminole	Zip 29 32779 Country 30 Seminole

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HARDEE, PATRICIA~~
~~1409-H OAK PLACE~~
~~APOPKA FL 32712~~

10. Name and Address of New Registered Agent

81 Name: P. Vincent
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 237 Hunt Club Blvd., #201
84 City: Longwood FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: P. Vincent 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	HOYT, MARGARET
STREET ADDRESS	1404-C OAK PLACE
CITY-ST-ZIP	APOPKA FL
TITLE	D
NAME	MILLER, SCOTT
STREET ADDRESS	1428-G OAK PLACE
CITY-ST-ZIP	APOPKA, FL 00000
TITLE	VPD
NAME	RICHARDS, WILLIAM J
STREET ADDRESS	1409-J OAK PLACE
CITY-ST-ZIP	APOPKA, FL 00000
TITLE	PD
NAME	HARDEE, PRISCILLA
STREET ADDRESS	1409-H OAK PLACE
CITY-ST-ZIP	APOPKA FL
TITLE	D
NAME	SIRAGUSSA, JAMES
STREET ADDRESS	1473 OAK PLACE
CITY-ST-ZIP	APOPKA FL
TITLE	TD
NAME	THOMAS, SHIRLEY
STREET ADDRESS	1412-H OAK PLACE
CITY-ST-ZIP	APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	James A. DiBiasio	
1.3 STREET ADDRESS	1404 Oak Place, #J	
1.4 CITY-ST-ZIP	Apopka, FL 32712	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Pat Hardee	
2.3 STREET ADDRESS	1409 Oak Place, #H	
2.4 CITY-ST-ZIP	Apopka, FL 32712	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Margaret Hoyt	
3.3 STREET ADDRESS	1404 Oak Place, #C	
3.4 CITY-ST-ZIP	Apopka, FL 32712	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	Glenden Powell	
4.3 STREET ADDRESS	1404 Oak Place, #J	
4.4 CITY-ST-ZIP	Apopka, FL 32712	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Scott Miller	
5.3 STREET ADDRESS	1428 Oak Place, #G	
5.4 CITY-ST-ZIP	Apopka, FL 32712	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Grady Powell	
6.3 STREET ADDRESS	1404 Oak Place, #J-Apopka, 32712	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. DiBiasio 2/23/95 407-884-7809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030883