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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18518 (3)
1. Corporation Name
GREENBROOK VILLAS AT ERROL ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789	Mailing Address 2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789-2398
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3. Date Incorporated or Qualified 12/30/1986	3a. Date of Last Report 06/10/1996
4. FEI Number 59-2666984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 P.O. BOX 4022 Suite, Apt. #, etc. 22 City & State 23 APOPKA FL Zip 24 32712-4022	2a. Mailing Address 26 P.O. BOX 4022 Suite, Apt. #, etc. 27 City & State 28 APOPKA FL Zip 29 32712-4022	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
KNIGHT, ELVIN O
1182 N. FAIRWAY DRIVE
APOPKA FL 32712

10. Name and Address of New Registered Agent
81 Name CHADWICK, DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable)
1562 GOLFSIDE VILLAGE BLVD.
83
84 City APOPKA FL 85 Zip Code 32712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0507, Florida Statutes.

SIGNATURE: *Chadwick Douglas* (NOTE: Registered Agent signature required when reinstating) DATE: 4-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KNIGHT, ELVIN	1.1 TITLE PD	1.2 NAME CHADWICK, DOUGLAS
STREET ADDRESS 1156 N. FAIRWAY DRIVE	CITY-ST-ZIP APOPKA FL 32712	1.3 STREET ADDRESS 1562 GOLFSIDE VILLAGE BLVD.	1.4 CITY-ST-ZIP APOPKA FL 32712
TITLE VD	NAME ANDERSON, SYLVIA	2.1 TITLE VD	2.2 NAME DIMILLO, LOUIE
STREET ADDRESS 1184 N. FAIRWAY DRIVE	CITY-ST-ZIP APOPKA FL 32712	2.3 STREET ADDRESS 1190 N. FAIRWAY DR.	2.4 CITY-ST-ZIP APOPKA FL 32712
TITLE STD	NAME FOX, BRENDA LEE	3.1 TITLE TD	3.2 NAME
STREET ADDRESS 2084 LAKE MARION DRIVE	CITY-ST-ZIP APOPKA FL 32712	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME MCPHERSON, GILBERT A	4.1 TITLE D	4.2 NAME GUTHRIE, CARMELITA
STREET ADDRESS 1152 N. FAIRWAY DRIVE	CITY-ST-ZIP APOPKA FL 32712	4.3 STREET ADDRESS 1178 N. FAIRWAY DR.	4.4 CITY-ST-ZIP APOPKA FL 32712
TITLE SD	NAME CHADWICK, DIANE	5.1 TITLE SD	5.2 NAME CHADWICK, DIANE
STREET ADDRESS 1562 GOLFSIDE VILLAGE BLVD.	CITY-ST-ZIP APOPKA FL 32712	5.3 STREET ADDRESS 1562 GOLFSIDE VILLAGE BLVD.	5.4 CITY-ST-ZIP APOPKA FL 32712
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Chadwick Douglas* DATE: 4/20/97 407-539-2335

CR2E037 (9/96)