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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N18518 (3)
1. Corporation Name
GREENBROOK VILLAS AT ERROL ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 4022, APOPKA FL 32717-4022, US
Mailing Address: P.O. BOX 4022, SUITE 326, APOPKA FL 32712, US

3. Date Incorporated or Qualified: 12/30/1986
4. FEI Number: 59-2666984
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and Mailing Address (22a-23a) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CHADWICK, DOUGLAS, 1562 GOLFSIDE VILLAGE BLVD, APOPKA FL 32712

10. Name and Address of New Registered Agent: BRENDALEE FOX, 2084 LAKE MARION DR, APOPKA, FL 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] 4/27/98 DATE: 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CHADWICK, DOUGLAS STREET ADDRESS: 1562 GOLFSIDE VILLAGE BLVD CITY-ST-ZIP: APOPKA FL 32712	1.1 TITLE: [Change]	1.2 NAME: BRENDALEE FOX 1.3 STREET ADDRESS: 2084 LAKE MARION DR 1.4 CITY-ST-ZIP: APOPKA FL 32712
TITLE: VD	NAME: DIMILLO, LOUIE STREET ADDRESS: 1190 N. FAIRWAY DR. CITY-ST-ZIP: APOPKA FL 32712	2.1 TITLE: [Change]	2.2 NAME: GILBERT M. PHERSON 2.3 STREET ADDRESS: 1152 N. FAIRWAY DR. 2.4 CITY-ST-ZIP: APOPKA, FL 32712
TITLE: TD	NAME: FOX, BRENDA LEE STREET ADDRESS: 2084 LAKE MARION DRIVE CITY-ST-ZIP: APOPKA FL 32712	3.1 TITLE: [Change]	3.2 NAME: [Change]
TITLE: D	NAME: GUTHRIE, CARMELITS STREET ADDRESS: 1178 N. FAIRWAY DR. CITY-ST-ZIP: APOPKA FL 32712	4.1 TITLE: [Change]	4.2 NAME: LOUIE DI MILLO 4.3 STREET ADDRESS: 279 CHISWELL PL 4.4 CITY-ST-ZIP: LAKE MARY, FL 32746
TITLE: SD	NAME: CHADWICK, DIANE STREET ADDRESS: 1562 GOLFSIDE VILLADE BLVD. CITY-ST-ZIP: APOPKA FL 32712	5.1 TITLE: [Change]	5.2 NAME: CARMELITA GUTHRIE 5.3 STREET ADDRESS: 1178 N. FAIRWAY DR 5.4 CITY-ST-ZIP: APOPKA FL 32712
TITLE: [Change]	NAME: [Change]	6.1 TITLE: [Change]	6.2 NAME: BILLY BRIDGES 6.3 STREET ADDRESS: 1224 N. FAIRWAY DR 6.4 CITY-ST-ZIP: APOPKA FL 32712

14. I 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: [Signature] BRENDALEE FOX 4/27/98 (407) 880-1294

CR2E037 (10/97)