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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18518

1. Corporation Name

GREENBROOK VILLAS AT ERROL ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4022
 APOPKA FL 32704-0222
 US

Mailing Address

P.O. BOX 4022
 SUITE 326
 APOPKA FL 32712
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
 27 **BLANK (not applicable.)**

28 City & State

29 Zip 30 Country

32704-4022

3. Date Incorporated or Qualified

12/30/1986

4. FEI Number

59-2666984

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FOX, BRENDALEE
2084 LAKE MARION DR
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **FOX, BRENDALEE**
 STREET ADDRESS **2084 LAKE MARION DR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VD** DELETE
 NAME **MCPHERSON, GILBERT**
 STREET ADDRESS **1152 N FAIRWAY DR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **TD** DELETE
 NAME **FOX, BRENDA LEE**
 STREET ADDRESS **2084 LAKE MARION DRIVE**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** DELETE
 NAME **DI MILLO, LOIUE**
 STREET ADDRESS **279 CHISWELL PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **SD** DELETE
 NAME **GUTHRIE, CARMELITA**
 STREET ADDRESS **1178 N FAIRWAY DR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** DELETE
 NAME **BRIDGES, BILLY**
 STREET ADDRESS **1224 N FAIRWAY DR**
 CITY-ST-ZIP **APOPKA FL 32712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **CHRISTOPHER MCCOLLUM**
 2.3 STREET ADDRESS **1148 N. FAIRWAY DR**
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **279 CHISWELL PL**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME **VALERIE JURDINE**
 5.3 STREET ADDRESS **202 N. FAIRWAY DR.**
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME **BARRY DALY**
 6.3 STREET ADDRESS **1190 N. FAIRWAY DR**
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (407) 880-1234

Date Daytime Phone #

CR2E037 (1/198)