

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

DOCUMENT # N18518

1. Entity Name
GREENBROOK VILLAS AT ERROL ESTATES CONDOMINIUM A

06-25-2001 90041 002 ****61.25

A0074649



DO NOT WRITE IN THIS SPACE

Principal Place of Business VISTA COMMUNITY ASSN. MGMT. 225 S. WESTMONTE DR., SUITE 2050 ALTAMONTE SPRINGS FL 32714 US		Mailing Address VISTA COMMUNITY ASSN. MGMT. 225 S. WESTMONTE DR., SUITE 2050 ALTAMONTE SPRINGS FL 32714 US		4. FEI Number 59-2666984 Applied For Not Applicable	
2. Principal Place of Business Attwood Phillips Inc Suite, Apt. #, etc. 1350 ORANGE AVE		3. Mailing Address Attwood Phillips Inc Suite, Apt. #, etc. 1350 ORANGE AVE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State WINTER PARK FL		City & State WINTER PARK FL			
Zip 32789	Country ORANGE	Zip 32789	Country ORANGE		

6. Name and Address of Current Registered Agent FOX, BRENDALEE 2084 LAKE MARION DR APOPKA FL 32712		7. Name and Address of New Registered Agent Name Chuck Boniger Street Address (P.O. Box Number is Not Acceptable) 1216 N. FAIRWAY DR. City APOPKA FL Zip Code 32712			
--	--	---	--	--	--

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.

SIGNATURE **Chuck Boniger** **Chuck Boniger** **6-14-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD FOX, BRENDALEE 2084 LAKE MARION DR APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONIGER, Chuck 1216 N. FAIRWAY DR APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVERSON, MATTHEW J 1182 N. FAIRWAY DR APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, PATRICIA 1204 N. FAIRWAY DR APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(TXD) DOUGLAS CHADWICK 1562 GOLFSIDE VILLAGE BLVD APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI MILLO, LOUIE 279 CHISWELL PL LAKE MARY FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARILYN PURDOM 1200 CN. FAIRWAY DR APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JURDINE, VALERIE 1202 N FAIRWAY DR APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY EPLEY N. FAIRWAY DR. APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 119.07(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: **Chuck Boniger** **Chuck Boniger** **6-14-01** **407-682-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)