


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 034 ****61.25

DOCUMENT # N18518					
1. Entity Name GREENBROOK VILLAS AT ERROL ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1350 ORANGE AVENUE, SUITE 100 WINTER PARK, FL 32789 US			Mailing Address 1350 ORANGE AVENUE, SUITE 100 WINTER PARK, FL 32789 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
03222004 Chg-NP				CR2E037 (10/03)	
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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, ROGER V ATTWOOD-PHILLIPS, INC. 1350 ORANGE AVE., SUITE 100 WINTER PARK, FL 32789			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIMKUS, SARAH		NAME	Shimkus, Saralea	
STREET ADDRESS	1152 N. FAIRWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRICK, JAHNESE J		NAME	Niejanko, Donna	
STREET ADDRESS	1148 N. FAIRWAY DR		STREET ADDRESS	1222 N Fairway Dr	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	Apopka FL 32712	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, CARMELITA		NAME		
STREET ADDRESS	1178 N. FAIRWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLEY, BETTY		NAME		
STREET ADDRESS	1138 N FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMILLO, LOU		NAME	Green, Beth	
STREET ADDRESS	279 CHISWELL PLACE		STREET ADDRESS	1142 N Fairway Dr	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Apopka F1 32712	
TITLE	SD	ADDITION	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coates, Peggy		NAME	Herman, Patricia	
STREET ADDRESS	1158 N Fairway Dr		STREET ADDRESS	1204 N Fairway Dr	
CITY-ST-ZIP	Apopka FL 32712		CITY-ST-ZIP	Apopka FL 32712	
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: <i>Sarah Shimkus</i> SARALEA Shimkus			Date: 3-29-04		Daytime Phone #: 407 889 7824