## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2005 8:00 am Secretary of State

DOCUMENT # N18518  1. Entity Name GREENBROOK VILLAS AT ERROL ESTATES CONDOMINIUM ASSOCIATION, INC.							03-22	2-2005 9	900160	04 ****61	1.25
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				100 S				÷			
2. Principal P	Place of Business	3. Mailing Address								idii didk didii di	DINSI DI UTAL
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01242005	Chg-N	IP	CR2E	037 (10/03)	
City & State		City & State			4. FEI Numi 59-26	ber 66984		·	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	Ì	<b>5.</b> Certificat	e of Status	'Desired'		\$8.75 Ad	
	6. Name and Address of Current	Registered Agent			1	7. Name an	d Address	of New F	legistered		
				Name							
PHILLIPS, ROGER V ATTWOOD-PHILLIPS, INC. 1350 ORANGE AVE., SUITE 100				Street Address (P.O. Box Number is Not Acceptable)							
WINTER PARK, FL 32789											
				City					F	L Zip Cod	de
	named entity submits this statement folions of registered agent.	or the purpose of changing it	ts registere	d office o	r registere	ed agent, or b	oth, in the	State of Flo	orida. I an	n familiar with	, and accept
SIGNATURE											
Į	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered	l Agent signat	ure required	when reinstating)			DATE		
		and title if applicable. {NC  9. Election Ci Trust Fund	ampaign Fi	inancing		when reinstating) \$5.00 May Added to Fee	Be 2		lake che	ck payable artment of S	
10.	Signature, typed or printed name of registered agent	9. Election Ca Trust Fund	ampaign Fi	inancing		\$5.00 May	s	Flor	lake che ida Depa	ck payable artment of S	State
10. TITLE	Filling Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Fi	inancing on.		\$5.00 May Added to Fee	s	Flor	lake che ida Depa	ck payable artment of S	State
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

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