FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:45

DOCUMENT # **732723** **(2)**

1. Corporation Name
ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1333 ERROL PARKWAY APOPKA FL 32712	1333 ERROL PARKWAY APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1975
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1635817 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SHIMP, JANE M
925-14 LEXINGTON PKWY
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JANE M. SHIMP — Jane M. Shimp — 3-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	EMANUEL, PETER R	1.2 NAME	BAYNUM, JAY	
STREET ADDRESS	1985 TOURNAMENT DR	1.3 STREET ADDRESS	1834 CRANBERRY ISLES WAY	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	AYERS, AL	2.2 NAME		
STREET ADDRESS	1572 SKYE CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	RIDDLE, KENNETH	3.2 NAME	SACKS, MARJORIE	
STREET ADDRESS	1056 OLD MAGNOLIA COVE	3.3 STREET ADDRESS	1334 CIREBON COURT	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SCHIEFERSTIN, ROBERT W	4.2 NAME	ORTHS, NORMAN	
STREET ADDRESS	1008 OLD MAGNOLIA COVE	4.3 STREET ADDRESS	1707 LAKE MARION DRIVE	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jay Baynum — PRESIDENT — 3-10-95 — (407) 886-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048