

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732723

1. Entity Name

ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90068 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1333 ERROL PARKWAY  
APOPKA FL 32712

1333 ERROL PARKWAY  
APOPKA FL 32712-2107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1635817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIMP, JANE M  
1445 OAK PLACE  
APOPKA FL 32712

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.

SIGNATURE *Jane M. Shimp*

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

(NOTE: Registered Agent signature required when reinstating)

3-29-00

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Func Contribution. ☐

**\$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 PD ☐ Delete  
NAME BAYNUM, JAY  
STREET ADDRESS 1834 CRANBERRY ISLES WAY  
CITY-ST-ZIP APOPKA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME TANT, ROBERT S  
STREET ADDRESS 1043 SWEET TREE CT  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☒ Change ☐ Addition  
NAME V.D.  
STREET ADDRESS CONNOLLY, JOHN  
CITY-ST-ZIP 2055 SAW GRASS DR.  
APOPKA, FL. 32712

TITLE SD ☐ Delete  
NAME RIDDLE, KEN  
STREET ADDRESS 1058 OLD MAGNOLIA DOVE  
CITY-ST-ZIP APOPKA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME KERRIGAN, WILLIAM E  
STREET ADDRESS 1535 LAKE MARION DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☒ Change ☐ Addition  
NAME T.D.  
STREET ADDRESS JOAN HARKINS-CONKLIN  
CITY-ST-ZIP 2071 SAW GRASS DR.  
APOPKA, FL. 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joan Harkins-Conklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)