

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90014 031 ****61.25

0021995

DOCUMENT # 732723

1. Entity Name

ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**1333 ERROL PARKWAY
APOPKA FL 32712**

Mailing Address

**1333 ERROL PARKWAY
APOPKA FL 32712**

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
Fees 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

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. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BAYNUM, JAY
1834 CRANBERRY ISLES WAY
APOPKA FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
JOHN, CONNOLLY
2055 SAW GRASS DR
APOPKA FL 32712**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
RIDDLE, KEN
1056 OLD MAGNOLIA DOVE
APOPKA FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
CONKLIN, JOAN H
2071 SAW GRASS DR
APOPKA FL 32712**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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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:

Joan H Conklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

CR2E037 (10/00)