2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# N01000007956

Entity Name: PARKSIDE AT ERROL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6250 HAZELTINE NATIONAL DR, SUITE 102
ORLANDO, FL 32822

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
ORLANDO, FL 32822

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3755087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR. 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOSS, DAVID
Address: 6250 HAZELTINE NATIONAL DR, SUITE 102
City-St-Zip: ORLANDO, FL 32822

Title: VPD ( ) Delete
Name: LAWSON, ROBERT
Address: 6250 HAZELTINE NATIONAL DR, SUITE 102
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete
Name: MURPHY, BRANDY
Address: 6250 HAZELTINE NATIONAL DR, SUITE 102
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MOSS PD 03/30/2004

Electronic Signature of Signing Officer or Director — Date