2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90085 025 ****61.25

DOCUMENT # 744886

1. Entity Name
ERROL OAKS, UNIT TWO HOMEOWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
1427-D OAK PL APOPKA, FL 32712	1427-D OAK PL APOPKA, FL 32712

01152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1423-B OAK PLACE	1423-B OAK PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State: APOPKA, FL
Zip: 32712 Country: USA	Zip: 32712 Country: USA

4. FEI Number: 59-2195036 ☐ 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
MCLEOD, WILLIAM J., ESQ 48 EAST MAIN STREET APOPKA, FL 32703	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POOLE, RICAHRD 1435-B OAK PL APOPKA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KENNETH R. MALCHOW 1465 OAK PLACE APOPKA, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENRICKSON, CATHY J 1427-D OAK PL APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD BURNSWORTH 1435-A OAK PLACE APOPKA, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JOYCE 1461 OAK PLACE APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY DONAHUE 1437-C OAK PLACE APOPKA, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, LORA E 1419F OAK PLACE APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARILYN CORBEIL 1423-B OAK PLACE APOPKA, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOSEN, WILLIAM B 1447 OAK PL APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Cathy Henrickson CATHY HENRICKSON 1-17-05 407-886-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #