

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744886

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** ERROL OAKS, UNIT TWO HOMEOWNERS' ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1419-F OAK PLACE  
APOPKA, FL 32712

**New Principal Place of Business:**

1419-F OAK PLACE  
APOPKA, FL 32712 US

**Current Mailing Address:**

1419-F OAK PLACE  
APOPKA, FL 32712

**New Mailing Address:**

1419-F OAK PLACE  
APOPKA, FL 32712 US

**FEI Number:** 59-2195036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSEN & ASSOCIATES, P.A.  
300 SO ORANGE AVE  
STE 1200  
ORLANDO, FL 32801 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: V/D  
Name: LOSEN, WILLIAM B  
Address: 1447 OAK PLACE  
City-St-Zip: APOPKA, FL 32712

Title: ST/D  
Name: WILLIAMS, LORA E  
Address: 1419-F OAK PLACE  
City-St-Zip: APOPKA, FL 32712

Title: P/D  
Name: CLARK, JOYCE  
Address: 1461 OAK PLACE  
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: JOYCE CLARK

P/D

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date