## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 11, 2009 **DOCUMENT# 724591** Secretary of State

Entity Name: ERROL CLUB VILLAS CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 882 JACKSON AVE. WINTER PARK, FL 32789 US **Current Mailing Address: New Mailing Address:** 882 JACKSON AVE WINTER PARK, FL 32789 US FEI Number: 59-2006295 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNIBBS, DAVID JORDAN, BRETT M 882 JACKSON AVENUE 1347 VILLA LANE APOPKA, FL 32712 US US WINTER PARK, FL 32789 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: BRETT M. JORDAN 11/11/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KNIBBS, DAVID Name: Name: 1347 VILLA LANE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: TRACY, RICHARD Name: Address: 1044 VILLA LANE Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition GEIB, KARL R JR Name: Name: Address: 1030 VILLA LANE Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HIPWELL, ROBERT Name: Name: Address: 1361 VILLA LANE Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition DEBRA, WHITE Name: Name: 1214 VILLA LANE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition ANGOTT, PATRICK Name: Name: Address: 1339 VILLA LANE Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRETT M. JORDAN **AGEN** 11/11/2009