

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995

 **FLORIDA DEPARTMENT OF STATE**
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:45

DOCUMENT # 732723 (2)
1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1975	3a. Date of Last Report 03/21/1994
4. FEI Number 59-1635817	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
SHIMP, JANE M
925-14 LEXINGTON PKWY
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE JANE M. SHIMP Jane M. Shimp 3-10-95
Signature, typed or printed name of registered agent and title if applicable (INCORPORATED) Registered Agent signature required when renewing DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EMANUEL, PETER R
STREET ADDRESS	1985 TOURNAMENT DR
CITY - ST - ZIP	APOPKA FL
TITLE	VD
NAME	AYERS, AL
STREET ADDRESS	1572 SKYE CT
CITY - ST - ZIP	APOPKA FL
TITLE	SD
NAME	RIDDLE, KENNETH
STREET ADDRESS	1056 OLD MAGNOLIA COVE
CITY - ST - ZIP	APOPKA FL
TITLE	TD
NAME	SCHIEFERSTIN, ROBERT W
STREET ADDRESS	1008 OLD MAGNOLIA COVE
CITY - ST - ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	BAYNUM, JAY	
1.3 STREET ADDRESS	1834 CRANBERRY ISLES WAY	
1.4 CITY - ST - ZIP	APOPKA, FL. 32712	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	SACKS, MARJORIE	
3.3 STREET ADDRESS	1334 CHEBON COURT	
3.4 CITY - ST - ZIP	APOPKA, FL. 32712	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	ORTHS, NORMAN	
4.3 STREET ADDRESS	1707 LAKE MARION DRIVE	
4.4 CITY - ST - ZIP	APOPKA, FL. 32712	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jay Baynum PRESIDENT 3-10-95 (407) 886-1333
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #