

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1975</b>		3a. Date of Last Report <b>04/12/1995</b>	
21		26		4. FEI Number <b>59-1635817</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SHIMP, JANE M</b> <b>925-14 LEXINGTON PKWY</b> <b>APOPKA FL 32712</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1445 Oak Place</b>			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAYNUM, JAY</b>	1.2 NAME	
STREET ADDRESS	<b>1834 CRANBERRY ISLES WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYERS, AL</b>	2.2 NAME	<b>Shrum, Grant</b>
STREET ADDRESS	<b>1572 SKYE CT</b>	2.3 STREET ADDRESS	<b>877 Errol Parkway</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	2.4 CITY-ST-ZIP	<b>Apopka, Fl. 32712</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACKS, MARJORIE</b>	3.2 NAME	<b>Riddle, Ken</b>
STREET ADDRESS	<b>1334 CHEBON COURT</b>	3.3 STREET ADDRESS	<b>1056 Old Magnolia Cove</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	3.4 CITY-ST-ZIP	<b>Apopka, Fl. 32712</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORTHS, NORMAN</b>	4.2 NAME	
STREET ADDRESS	<b>1707 LAKE MARION DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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, changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **April 9, 1996 (407) 886-1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Norman P. Orths, D/Treasurer**

CR2E037 (12/95)