

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified: 05/09/1975
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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): 1445 Oak Place
83
84 City: FL 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNUM, JAY	1.2 NAME	
STREET ADDRESS	1834 CRANBERRY ISLES WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, AL	2.2 NAME	VD
STREET ADDRESS	1572 SKYE CT	2.3 STREET ADDRESS	Shrum, Grant
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	877 Errol Parkway Apopka, Fl. 32712
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKS, MARJORIE	3.2 NAME	SD
STREET ADDRESS	1334 CHEBON COURT	3.3 STREET ADDRESS	Riddle, Ken
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	1056 Old Magnolia Cove Apopka, Fl. 32712
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTHS, NORMAN	4.2 NAME	
STREET ADDRESS	1707 LAKE MARION DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE		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		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	

6.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.6 NAME		
6.7 STREET ADDRESS		
6.8 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: *Norman P. Orths* April 9, 1996 (407) 886-1333
Date Daytime Phone

CR2E037 (12/95)