2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732723

1. Entity Name

ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90068 015 ****61.25

Principal Place of Business	Mailing Address
1333 ERROL PARKWAY APOPKA FL 32712	1333 ERROL PARKWAY APOPKA FL 32712-2107

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1635817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIMP, JANE M 1445 OAK PLACE APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Jane M. Shimp 3-29-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Func Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAYNUM, JAY 1834 CRANBERY ISLES WAY APOPKA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TANT, ROBERT S 1043 SWEET TREE CT APOPKA FL 32712	☒ Delete	VD CONNOLLY, JOHN 2055 SAWGRASS DR. APOPKA, FL. 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIDDLE, KEN 1056 OLD MAGNOLIA DOVE APOPKA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KERRIGAN, WILLIAM E 1535 LAKE MARION DR. APOPKA FL 32712	☒ Delete	TD JOAN HARKINS-CONKLIN 2071 SAWGRASS DR. APOPKA, FL. 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Harkins Conklin JOAN HARKINS CONKLIN 3/29/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #