2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am **DOCUMENT # 732723 Secretary of State** ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC. 03-31-2002 90048 020 ****61.25 Principal Place of Business Mailing Address 1333 ERROL PARKWAY 1333 ERROL PARKWAY APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1635817 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHIMP, JANE M 1445 OAK PLACE 1554 LAKE MARION DRIVE APOPKA FL 32712 City APOPKA 32 7 12 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition TITLE PN ☐ Delete TITLE BAYNUM, JAY NAME NAME 1834 CRANBERY ISLES WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP apopka Fl TITLE VD ZULCH, WALTER Change ☐ Addition vn ☐ Delete TITLE JOHN, CONNOLLY NAME NAME 1131 PEBBLE BEACH CT. STREET ADDRESS 2055 SAW GRASS DR STREET ADDRESS APOPKA, FL. 32712 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 SDanner Toelete — ☐ Change - ☐ Addition TITLE~~~ RIDDLE, KEN NAME NAME 1056 OLD MAGNOLIA DOVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Addition Change ☐ Delete TITLE HANCOCK, CARL 1432 ERROL PARKWAY APOPKA, FL. 32712 CONKLIN, JOAN H NAME STREET ADDRESS 2071 SAW GRASS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

E OF SIGNING OFFICER OR DIRECTOR