

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90017 037 ****61.25

DOCUMENT # 732723

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

SHIMP, JANE M
1554 LAKE MARION DR
APOPKA FL 32712

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAYNUM, JAY	
STREET ADDRESS	1834 CRANBERRY ISLES WAY	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, KEN	
STREET ADDRESS	1056 OLD MAGNOLIA DOVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANCOCK, CARL	
STREET ADDRESS	1432 ERROL PARKWAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARNEY, JAMES F	
STREET ADDRESS	865 WHITE IVEY CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL MERBACH	
STREET ADDRESS	2082 NEXUS CT.	
CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN KOHN	
STREET ADDRESS	1430 STORMWAY COURT	
CITY-ST-ZIP	APOPKA FL. 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 (407) 886-1333

Date

Daytime Phone #