

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
4. FEI Number 59-1635817		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/04)

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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYNUM, JAY			NAME	MICHAEL MERBACH		
STREET ADDRESS	1834 CRANBERRY ISLES WAY			STREET ADDRESS	2082 NEXUS CT.		
CITY-ST-ZIP	APOPKA FL			CITY-ST-ZIP	APOPKA, FL. 32712		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDDLE, KEN			NAME	MELVIN KOHN		
STREET ADDRESS	1056 OLD MAGNOLIA DOVE			STREET ADDRESS	1430 STORMWAY COURT		
CITY-ST-ZIP	APOPKA FL			CITY-ST-ZIP	APOPKA FL. 32712		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANCOCK, CARL			NAME			
STREET ADDRESS	1432 ERROL PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNEY, JAMES F			NAME			
STREET ADDRESS	865 WHITE IVEY CT			STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE:  **4-6-05 (407) 886-1333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #