2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 24, 2007 8:00 am Secretary of State **DOCUMENT # 732723** 1. Entity Name 05-01-2007 90010 028 ****61.25 ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, Principal Place of Business Mailing Address 1333 ERROL PARKWAY 1333 ERROL PARKWAY APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State 4 FELNumber City & State 59-1635817 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIMP, JANE M Street Address (P.O. Box Number is Not Acceptable) 1554 LAKE MARION DR APOPKA FL 32712 City 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 againt and tide 4 applicable (NOTE: Registered Agent signature required which reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Defete HILE ☐ Addition TIFLE HOFFMAN, TRAY NAME MERBACH, MICHAEL NAME 1198 NO. FAIRWAY DR. STREET ADDRESS STREET ADDRESS 2082 NEXUS CT CITY-ST-ZIP CITY-ST-ZIP APOPKA 32712 APOPKA FL 32712 ☐ Detete Change ■ Addition NAME KOHN, MELVIN NAME STREET ADDRESS STREET ADDRESS 1430 STORMWAY CT CHY-ST-ZIP CUTY-ST-7IP APOPKA FL 32712 IIILE Delete HHE ☐ Change Addition NAME NALÆ HANCOCK, CARL STREET ADDRESS STREET ADDRESS 1432 ERROL PARKWAY CITY-ST-70P CITY-SI-77P APOPKA FL 32712 THEF D Delete MILE Change ☐ Addition GOSSELIN, RENE NAME NALÆ CARNEY, JAMES F STREET ADDRESS STREET ADDRESS 1715 GOLF GARDEN WAY 865 WHITE IVEY CT APOPKA 32712 CITY-ST-ZIP CITY-ST-782 APOPKA FL 32712 ☐ Defete ☐ Change Addition TITLE TITLE NAME MALAF STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE ☐ Detete MÆ ☐ Change ☐ Addition NAME NALÆ STREET ADORESS STREET ADDRESS CITY-S1-ZW CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 addiess, with all other like empowered.

RESURER

SIGNATURE:

FILED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

		EPUNI (AN	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT # 732723 1. Entity Namo				YOUR COPY		
ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC.				ATTACHMENT		
Principal Place of Business Mailing Address			- ALLINGINAL MAINTING			
		1333 ERROL PARKWAY APOPKA FL 32712		1: (6 1/ 5 7) 1		
Principal Place of Business - No P.O. Box # 3. Mailing Address				66016534		
Suito, Apt. #, etc.		Suite. Apt. #, etc.		1st MOORE CR2E037 (10/06)		
City & State		City & State		4. FEI Number Applied For 59-1635817 Not Applied be		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	S. Name and Address of Current	Pagistared Apopt		7. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent				Namo		
SHIMP, JANE M			Street Ada	Street Address /P.O. Pay Number is Not Assentable)		
1554 LAKE MARION DR APOPKA FL 32712			Sireor Add	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
8. The above the obliga	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or re	ogistored agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent	and time & applicable. (NOTE	: Regulared Agent signature	required when remetating) DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State						
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10		
HHE NAME STREET ADDRESS CITY-ST-ZIP	VD MERBACH, MICHAEL 2082 NEXUS CT APOPKA FL 32712	⊠ Dełete	NAME STREET ADDRESS	D NOFFMAN, RAY 1198 NO. FAIRWAY DR. APOPKA FL 32712-		
TITLE NAME. STREET ADDRESS	SD KOHN, MELVIN 1430 STORMWAY CT	Colele	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		
CITY-SI-77P	APOPKA FL 32712		CITY+S1+ZIP			
inel: Name	TD	Delete	MAMIC -	Change Addition		
SIREEI ADORESS CITY-S1-ZIP	HANCOCK, CABI 1432 ERROL PARKWAY APOPKA FL 32712		SIRLTI ADDRESS CITY-SI-7IP			
MIL	PD	⊠ Delete	1801 F	D (∑Change ☐ Addition		
NAME	CARNEY, JAMES F		NAME G	OSSELIN, RENE		
STREET ADDRESS CITY+S1-ZIP	865 WHITE IVEY CT APOPKA FL 32712		STREET ADDRESS /	OSSELIN, RENE 715 GOLF GARDEN WAY POPKA FL 32712		
UITE		☐ Delete	UITE	Change Addition		
NAME STREET ADDRESS CITY+SI+ZIP			NAME STREET AODRESS CITY-ST-74P			
UINE.		☐ Delete	EIIT.	☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STRUT ADDRESS CITY-S1-74P			
indicated	I on this report or supplemental report is	true and accurate and that m	iv signaturo shall hav	ntained in Soction 119, Florida Statutos, I further certify that the information a the same legal effect as if made under oath; that I am an officer or director ter 617, Florida Statutes; and that my name appears in Block 10 or Block 11		

. . . .

ı

APPEARS TO BE CUT OFF