

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732723

FILED
May 08, 2009
Secretary of State

Entity Name: ERROL ESTATE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1333 ERROL PARKWAY
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1333 ERROL PARKWAY
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-1635817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIMP, JANE M
1554 LAKE MARION DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HOFFMAN, RAY
Address: 1198 NO. FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: KOHN, MELVIN
Address: 1430 STORMWAY CT
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: HANCOCK, CARL
Address: 1432 ERROL PARKWAY
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: GOSSELIN, RENE
Address: 1715 GOLF GARDEN WAY
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SMITH, LEWIS
Address: 1817 PRECIOUS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL HANCOCK

TD

05/08/2009

Electronic Signature of Signing Officer or Director

Date