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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733836 (1)
1. Corporation Name
ERROL OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ATTWOOD-PHILLIPS, INC. 1350 ORANGE AVENUE, SUITE 100 WINTER PARK FL 32789 US	Mailing Address ATTWOOD-PHILLIPS, INC. P.O. BOX 1208 WINTER PARK FL 32790-1208
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3. Date Incorporated or Qualified
09/16/1975

4. FEI Number 59-1633269	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PHILLIPS, ROGER V
1350 ORANGE AVENUE
WINTER PARK FL 32790-1208**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relistating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARD, BILL	
STREET ADDRESS	1409 J OAK PLACE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, SCOTT	
STREET ADDRESS	1428-G OAK PLACE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, BEVERLY	
STREET ADDRESS	1409-A OAK PLACE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, JIM	
STREET ADDRESS	1409 OAK PLACE	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Webb, Ann	
1.3 STREET ADDRESS	1469 Oak Place	
1.4 CITY-ST-ZIP	Apopka, FL 32712	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wooten, Clarice	
2.3 STREET ADDRESS	1412-B Oak Place	
2.4 CITY-ST-ZIP	Apopka, FL 32712	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McGuire, Helen	
3.3 STREET ADDRESS	1477 Oak Place	
3.4 CITY-ST-ZIP	Apopka, FL 32712	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Strickland, Jim	
4.3 STREET ADDRESS	1409 Oak Place	
4.4 CITY-ST-ZIP	Apopka, FL 32712	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Richards* 2/23/93 (407)644-4507 X255

CR2E037 (10/97)