


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90106 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 733836		
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	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1633269	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILLIPS, ROGER V 1350 ORANGE AVENUE WINTER PARK FL 32790-1208				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD, BILL			1.2 NAME	RICHARDS, BILL		
STREET ADDRESS	1409 J OAK PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEBB, ANN			2.2 NAME	CAROLE SPARKS		
STREET ADDRESS	1469 OAK PLACE			2.3 STREET ADDRESS	1404 G OAK PLACE		
CITY-ST-ZIP	APOPKA FL 32712			2.4 CITY-ST-ZIP	APOPKA, FL. 32712		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGUIRE, HELEN			3.2 NAME			
STREET ADDRESS	1477 OAK PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			3.4 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLAND, JIM			4.2 NAME			
STREET ADDRESS	1409 OAK PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOTEN, CLARICE			5.2 NAME	BEVERLY TAYLOR		
STREET ADDRESS	1412-B OAK PLACE			5.3 STREET ADDRESS	1409 A OAK PLACE		
CITY-ST-ZIP	APOPKA FL 32712			5.4 CITY-ST-ZIP	APOPKA, FL. 32712		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: William J. Richards **REQUIRED** 3-16-99 407-8865702
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)