

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744886** (3)

1. Corporation Name
ERROL OAKS, UNIT TWO HOMEOWNERS' ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
1427-D OAK PL APOPKA FL 32712 **1427-D OAK PL APOPKA FL 32712**

3. Date Incorporated or Qualified **11/09/1978** 3a. Date of Last Report **06/09/1995**
4. FEI Number **59-2195036** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MCLEOD, WILLIAM J., ESQ
48 EAST MAIN STREET
APOPKA, FL . 32703**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUGHES, JOHN H.	
STREET ADDRESS	1452 OAK PLACE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, RICAHRD	
STREET ADDRESS	1435-B OAK PL	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENRICKSON, CATHY J	
STREET ADDRESS	1427-D OAK PL	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JOYCE	
STREET ADDRESS	1461 OAK PLACE	
CITY-ST-ZIP	APOPKA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HLINAK, EDWARD	
STREET ADDRESS	1065 ERROL PARKWAY	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLLAND, JAMIE	
STREET ADDRESS	1429-A OAK PLACE	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Cathy Henrickson* **CATHY HENRICKSON** Date: **4-15-96** Daytime Phone #: **407 886-8784**

CR2E037 (12/95)