

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 744886 (3)
 1. Corporation Name
ERROL OAKS, UNIT TWO HOMEOWNERS' ASSOCIATION, IN CORPORATED

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

3. Date Incorporated or Qualified
11/09/1978

4. FEI Number 59-2195036	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

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

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

**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
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

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	1481 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, JAME	
STREET ADDRESS	1429-A OAK PLACE	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: Cathy J. Henrickson **CATHY J. HENRICKSON** (407) **TREASURER** **4-29-98** **886-8784**

CR2E037 (10/97)