1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 744886

ERROL OAKS, UNIT TWO HOMEOWNERS' ASSOCIATION, IN CORPORATED

Principal Place of Business 1427-D OAK PL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

APOPKA FL 32712

Mailing Address

1427-D OAK PL APOPKA FL 32712

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90011 022 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

11/09/1978

59-2195036

4. FEI Number

Page	Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00 Þ		
MCLEOD, WILLIAM J., ESO 48 EAST MAIN STREET APOPKA, FL . 32703 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Co	24	25	29	30			Trust Fund Contribution	d Contribution Add		ed to Fees	
MCLEOD, WILLIAM J., ESO 48 EAST MAIN STREET APOPKA, FL . 32703 84 City		9. Name and Address of Current F		10. Name and Address of New Registered Agent							
48 EAST MAIN STREET APOPKA, FL 32703 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and accept the obligations of, Section 617,0503, Plorida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD MME HUGHES, JOHN H. 12. NAME 12. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 1452 OAK PLACE 13. STREET ADDRESS 1457 OAK PLACE 1458 OAK PLACE 1458 OAK PLACE 1477-ST-2P POOLE, RICAHRD 22. NAME 33. STREET ADDRESS 4APOPKA FL 1477-D OAK PL 33. STREET ADDRESS 4APOPKA FL 34. ATTIVE 15. Change Addition Addition 16. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS APOPKA FL 42. ATTIVE 14. TITLE 10. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS APOPKA FL 42. ATTIVE 15. TITLE 16. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS APOPKA FL 42. ATTIVE 15. TITLE 16. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS ADDRESS APOPKA FL 42. ATTIVE 15. TITLE 16. Change Addition Addition Addition Addition Addition ADDRESS AD					81	Name					
48 EAST MAIN STREET APOPKA, FL 32703 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and accept the obligations of, Section 617,0503, Plorida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD MME HUGHES, JOHN H. 12. NAME 12. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 1452 OAK PLACE 13. STREET ADDRESS 1457 OAK PLACE 1458 OAK PLACE 1458 OAK PLACE 1477-ST-2P POOLE, RICAHRD 22. NAME 33. STREET ADDRESS 4APOPKA FL 1477-D OAK PL 33. STREET ADDRESS 4APOPKA FL 34. ATTIVE 15. Change Addition Addition 16. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS APOPKA FL 42. ATTIVE 14. TITLE 10. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS APOPKA FL 42. ATTIVE 15. TITLE 16. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS APOPKA FL 42. ATTIVE 15. TITLE 16. Change Addition Addition Addition Addition Addition Addition Addition ADDRESS ADDRESS ADDRESS APOPKA FL 42. ATTIVE 15. TITLE 16. Change Addition Addition Addition Addition Addition ADDRESS AD	MOLEOD WILLIAM I ESO					Stroot Addr	ace /P.O. Box Number is Not Accen	table)			
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### 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 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered agent tam familiar with, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes agent, I am familiar with, and accept the obligations of, Section 617.0502 and 617.1508, acceptance of the provisions of Sections 617.0502 and 617.1508, such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 617.0502 and 617.1508. In the corporation's board of directors. I hereby accept the purpose of changing its registered agent agent tam familiar with appointment as registered agent agent tam familiar with appointment as registered agent agent tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent to provide tam familiar with appointment as registered agent agent tam familiar with appointment as registered agent agent tam familiar with appointment as registered agent agent tam familiar with appointment agent agent tam familiar with appointment agent agent tam											
11. Pursuant to the provisions of Sections \$17.0502 and \$17.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am farmiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent. I am farmiliar with, and accept the obligations of, Section 617.0503, Plorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. UGHES, JOHN H. STREET ADDRESS CITY 51-2P APOPKA FL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. CITY-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 14. CITY-51-2P 15. TITLE 16. Change Addition 17. Change Addition 18. Change	AFOFICA,	FE . 32703				_					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submite 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, it am familier with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the familier with, and accept the obligations of, Section 617.0902, Florida Statutes. SIGNATURE 12.					84	City		FI	85 ∠ip C	ode	
Signature, typed or printed rampel of registered agent and title if applications (NOTE Registered Agent and special propulations) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	office or n	egistered agent, or both, in the State of	Florida. Such cha	inge was autho	rized by	the corporatio	oration submits this statement for the n's board of directors. I hereby acce	purpose of opt the appoin	changing its r ntment as reg	egistered istered	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD	SIGNATURE	Signeture, hand or printed name of registered arent agent	nd title if annicable	/NOTE: Reg	istered Agen	t signature required	when reinstating)	DATE			
TITLE		and the second s						FFICERS AN	D DIRECTOR	RS IN 12	
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1,3 STREET ADDRESS		••			1.2 NAME						
APOPKA FL		-			1.3 STREET	ADDRESS				ĺ	
TITLE											
NAME POOLE, RICAHRD 22 NAME 23 STREET ADDRESS 1435-B OAK PL 23 STREET ADDRESS 24 CITY-ST-ZIP APOPKA FL 21 TITLE TD DELETE 31 TITLE Change Addition Addition ADDRESS APOPKA FL 32 NAME ADDRESS APOPKA FL 33 STREET ADDRESS APOPKA FL ADDRESS ADDR				DELETE			- 100		Change	Addition	
STREET ADDRESS 1435-B OAK PL		_			2.2 NAME						
APOPKA FL		·, · · · · · · · · · · · · · · ·			23 STREET	ADDRESS					
TTD	- '										
NAME HENRICKSON, CATHY J 32 NAME 31427-D OAK PL 33 STREET ADDRESS CITY-ST-ZIP APOPKA FL 34. CITY-ST-ZIP TITLE D DELETE 4.1 TITLE DELETE 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5				DELETÉ		(*2)		-	Change	Addition	
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APOPKA FL 34. CITY-ST-ZIP						ADORESS					
TITLE											
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APOPKA FL		, .				***************************************					
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NAME HLINAK, EDWARD 52 NAME 53 STREET ADDRESS CITY-ST-ZIP APOPKA FL TITLE SD DELETE 61 TITLE STREET ADDRESS 1429-A OAK PLACE 63 STREET ADDRESS 64 CITY-ST-ZIP APOPKA FL 64 CITY-ST-ZIP APOPKA FL 65 NAME 66 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP 68 CITY-ST-ZIP				DELETE		1-ZIP				Addition	
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	CITY-ST-ZIP						440 07/0\G\ Florida 01-1-1-	I from the con-	if that the in	formation	

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

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable