

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 744886

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



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

Mailing Address
1427-D OAK PL
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2195036

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent Signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000127530
04/26/04-80001-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POOLE, RICARDO 1435-B OAK PL APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HENRICKSON, CATHY J 1427-D OAK PL APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, JOYCE 1481 OAK PLACE APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, LORA E 1419F OAK PLACE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LOSEN, WILLIAM B 1447 OAK PL APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy J. Henrickson* CATHY HENRICKSON 4-21-04 407-788-5907
TREASURER

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #