

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744886

FILED
Apr 17, 2009
Secretary of State

Entity Name: ERROL OAKS, UNIT TWO HOMEOWNERS' ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1461 OAK PLACE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1461 OAK PLACE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2195036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN & ASSOCIATES, P.A.
55 E. PINE STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LARSEN & ASSOCIATES, P.A.
300 SO ORANGE AVE
STE 1200
ORLANDO, FL 32801 US

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: LOSEN, WILLIAM B
Address: 1447 OAK PLACE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: HENRICKSON, CATHY
Address: PO BOX 4382
City-St-Zip: APOPKA, FL 32704

Title: P/D () Delete
Name: CLARK, JOYCE
Address: 1461 OAK PLACE
City-St-Zip: APOPKA, FL 32712

Title: ST/D () Delete
Name: WILLIAMS, LORA E
Address: 1419-F OAK PLACE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: COBB, MICHELLE
Address: 1459 OAK PL
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POOLE, RICHARD
Address: 150 ESSEX DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORA E. WILLIAMS

ST

04/17/2009

Electronic Signature of Signing Officer or Director

Date