

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90376 012 ****61.25

DOCUMENT # 744886

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MCLEOD, WILLIAM J., ESQ
48 EAST MAIN STREET
APOPKA FL 32703**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME POOLE, RICAHRD
STREET ADDRESS 1435-B OAK PL
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HENRICKSON, CATHY J
STREET ADDRESS 1427-D OAK PL
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CLARK, JOYCE
STREET ADDRESS 1461 OAK PLACE
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE DIRECTOR
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HOLLAND, JAMIE
STREET ADDRESS 316 STERLING LAKE DRIVE
CITY-ST-ZIP OCOEE FL 34761 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY • DIRECTOR
NAME LORAE WILLIAMS
STREET ADDRESS 1419-F OAK PLACE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME WILLIAM B. LOSEN
STREET ADDRESS 1447 OAK PLACE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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
TREASURER

4-17-03

407-886-8784

CR2E037 (10/02)