

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000265

FILED
Apr 22, 2009
Secretary of State

Entity Name: OVERLOOK AT PARKSIDE AT ERROL ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4475423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MITTAN, LINDA
Address: 822 ASHWORTH OVERLOOK DR
City-St-Zip: APOPKA, FL 32712

Title: VPD () Delete
Name: WATTS, MICHELLE
Address: 769 ASHWORTH OVERLOOK DR
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: CLERIDOR, ROSMENE
Address: 930 ASHWORTH OVERLOOK DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MITTAN, LINDA
Address: 822 ASHWORTH OVERLOOK DR
City-St-Zip: APOPKA, FL 32712

Title: PD (X) Change () Addition
Name: WATTS, MICHELLE
Address: 769 ASHWORTH OVERLOOK DR
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: MCMILLEN, KURTIS
Address: 823 ASHWORTH OVERLOOK DR
City-St-Zip: APOPKA, FL 32712

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: MICHELLE WATTS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date