

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2005  
Secretary of State**

DOCUMENT# N44021

Entity Name: THE COURTYARDS AT ERROL HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-3105811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 W SR 434  
SUITE 5000  
LONGWOOD,, FL 32779 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: STROMWALL, DEAN A  
Address: 754 CREPE MYRTLE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete  
Name: BILETI, THERESA  
Address: 809 PINK CAMELIA CT  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: SEXTON, ANNE L  
Address: 810 RED HIBISCUS CT  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: CHRISTMAS, JACK R  
Address: 747 CREPE MYRTLE CIR  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: VARNEY, TIMOTHY C  
Address: 735 CREPE MYRTLE CIR  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: ROKICKI, RICHARD C  
Address: 729 CREPE MYRTLE CIR  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEAN A STROMWALL

PD

03/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date