


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002174 (8)**

1. Corporation Name

ERROL COUNTRY CLUB, INC.

Principal Place of Business

**1441 LAKE MARION DRIVE
APOPKA FL 32712**

Mailing Address

**1441 LAKE MARION DRIVE
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 1355 ERROL PARKWAY

Suite, Apt. #, etc.

22

City & State

23 APOPKA, FLORIDA

Zip

24 32712

Country

25 USA

2a. Mailing Address

26 1355 ERROL PARKWAY

Suite, Apt. #, etc.

27

City & State

28 APOPKA, FLORIDA

Zip

29 32712

Country

30 USA

4. FEI Number

59-3414-329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**COLLING, LEE J ESO
FIRST UNION TOWER - SUITE 700
20 NORTH ORANGE AVENUE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HOOPER, FOLEY**
STREET ADDRESS **1441 LAKE MARION DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ DELETE

NAME **HUDSON, JOHN**
STREET ADDRESS **1755 LAKE MARION DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ DELETE

NAME **ATKINS, BOB**
STREET ADDRESS **15749 ACORN CIRCLE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☒ DELETE

NAME **MOUNTCASTLE, RON**
STREET ADDRESS **1096 ERROL PARKWAY**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ DELETE

NAME **SHIMP, BOB**
STREET ADDRESS **1445 OAK PLACE**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ DELETE

NAME **CROWLEY, HARRIE**
STREET ADDRESS **1862 TOURNAMENT DRIVE**
CITY-ST-ZIP **APOPKA FL 32712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT P** ☐ Change ☒ Addition

1.2 NAME **GRANT A. SHRUM**
1.3 STREET ADDRESS **877 ERROL PARKWAY**
1.4 CITY-ST-ZIP **APOPKA FL 32712**

2.1 TITLE **SECRETARY S** ☐ Change ☒ Addition

2.2 NAME **ELIZABETH COLLINS**
2.3 STREET ADDRESS **1869 EAGLESREST DRIVE**
2.4 CITY-ST-ZIP **APOPKA, FL 32712**

3.1 TITLE **TREASURER T** ☐ Change ☒ Addition

3.2 NAME **ROY SETLIFF**
3.3 STREET ADDRESS **2011 EAGLE'S REST DRIVE**
3.4 CITY-ST-ZIP **APOPKA, FL 32712**

4.1 TITLE **CASS, ROBERT L** ☐ Change ☒ Addition

4.2 NAME **1598 GOLFSIDE VILLAGE BLVD**
4.3 STREET ADDRESS **APOPKA, FL 32712**
4.4 CITY-ST-ZIP **APOPKA, FL 32712**

5.1 TITLE **MURPHY, MIKE** ☐ Change ☒ Addition

5.2 NAME **1972 TOURNAMENT DRIVE**
5.3 STREET ADDRESS **APOPKA, FL 32712**
5.4 CITY-ST-ZIP **APOPKA, FL 32712**

6.1 TITLE **CROWLEY, HARRIE** ☐ Change ☒ Addition

6.2 NAME **1862 TOURNAMENT DR**
6.3 STREET ADDRESS **APOPKA FL 32712**
6.4 CITY-ST-ZIP **APOPKA FL 32712**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **SIGNATURE REQUIRED** **Sandra B. Mortham** **11/07/97**

CR2E037 (4/97)