


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1355 ERROL PARKWAY APOPKA FL 32712 US	Mailing Address 1355 ERROL PARKWAY APOPKA FL 32712 US
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3. Date Incorporated or Qualified
04/22/1996

4. FEI Number
59-3414329

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, FOLEY	1.2 NAME	SHRUM, GRANT
STREET ADDRESS	1441 LAKE MARION DRIVE	1.3 STREET ADDRESS	1355 ERROL PARKWAY
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, ELIZABETH	2.2 NAME	ATKINS, BOB
STREET ADDRESS	1869 EAGLESREST DR	2.3 STREET ADDRESS	1355 ERROL PARKWAY
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, BOB	3.2 NAME	COLLINS, ELIZABETH
STREET ADDRESS	15749 ACORN CIRCLE	3.3 STREET ADDRESS	1355 ERROL PARKWAY
CITY-ST-ZIP	TAVARES FL 32778	3.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASS, ROBERT L	4.2 NAME	NICOLS, OTTO
STREET ADDRESS	1590 GOLFSIDE VILLAGE BLVD	4.3 STREET ADDRESS	1355 ERROL PARKWAY
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, MIKE	5.2 NAME	MOUNTCASTLE, RON
STREET ADDRESS	1972 TOURNAMENT DR	5.3 STREET ADDRESS	1355 ERROL PARKWAY
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	CROWLEY, HARRIE	6.2 NAME	
STREET ADDRESS	1862 TOURNAMENT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *Grant A. Shrum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/98** 407 886 5000
Daytime Phone # 0012834

CR2E037 (10/97)