


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. Morham 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		3. Date Incorporated or Qualified 04/22/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3414329	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COLLING, LEE J ESQ FIRST UNION TOWER - SUITE 700 20 NORTH ORANGE AVENUE ORLANDO FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HOOPER, FOLEY	1.2 NAME	DP 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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ATKINS, BOB	3.2 NAME	DS 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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CASS, ROBERT L	4.2 NAME	DT NICOLS, OTTO
STREET ADDRESS	1598 GOLFSIDE VILLAGE BLVD	4.3 STREET ADDRESS	1355 ERROL PARKWAY
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MURPHY, MIKE	5.2 NAME	D 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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* Date: **4/30/98** 407 886 5000

CR2E037 (10/97)