## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

721516

(3)

## ERROL VILLAGE CONDOMINIUMS ASSOCIATION, INC.

Principal Place	Mailing Address	Mailing Address PO BOX 1567 APOPPKA FL 32704			- F LUDIAI IODIS ISUUA NAMA ALVAI JINES BINI OIDII OSAIL DI  -	IBAN MANNA MANNA MANNA HANNA			
914 LK ALDEN DR. POPKA FL 32712						3. Date Incorporated or Qualified 08/13/1971			
						4. FEI Number 59-1504007	Applied For Not Applicable		
2. Principal Place of Business		2a. Mailing Address	¬ •				\$8.75 Additional Fee Required		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State	<b>⊢</b> '			7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip	Country 25	Zip <b>29</b>	<b>30</b>	Country 30		8. This corporation owes or has paid the current Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Age	ent		
				81	Name				
	i J. Marco Ke alden dr.				Street Address (P.O. Box Number is Not Acceptable)				
	FL 32712								
				84	City	FL	Zip Code		

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 _	200 A 100 A					<del></del>			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS		E: Registered Agent signature i	Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	T	DELETE	1.1 TITLE		Change	Addition			
NAME	MARCOTTE, NORMAN		1.2 NAME						
STREET ADDRESS	1914 LAKE ALDEN DR.		1.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP						
TITLE	\$	DELETE	2.1 TITLE	· • • • • • • • • • • • • • • • • • • •	Change	Addition			
NAME	HUEGEL, RUTH B	• •	2.2 NAME	Claudette F Marcotte 1914 Lake Alden Dr		•			
STREET ADDRESS	1041 OLD MAGNOLIA COVE		2.3 STREET ADDRESS	Apopka, FL 32712-3104	CP				
CITY-ST-ZIP	APOPKA FL 32712		2.4 CITY-ST-ZIP		Secre.	TERREY			
TITLE	VP	☐ DELETE	3.1 TITLE		Change	Addition			
NAME	LYNN, THERSA		3.2 NAME						
STREET ADDRESS	1921 ABINGTON ST		3.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FK 32712		3.4. CITY-ST-ZIP						
TITLE	PD	DELETE	4.1 TITLE		☐ Change	Addition			
NAME	DANIEL, GARY		4. 2 NAME						
STREET ADDRESS	1918 LAKE ALDEN DRIVE		4.3 STREET ADDRESS	e .					
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME	CRIST, GERALDINE		5.2 NAME	•					
STREET ADDRESS	1920 LAKE ALDEN DR		5.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADORESS			6.3 STREET ADDRESS						
CITY-ST-7IP			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 replicate empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an affactment with an address.

**SIGNATURE:** 

Moreun J. Mondok

Mater 20-624

**FILED** 

Apr 15 1998 8:00am

Secretary of State

CHEERS (1097)