


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-31-2003 90152 012 ****61.25

DOCUMENT # 721516
1. Entity Name
ERROL VILLAGE CONDOMINIUMS ASSOCIATION, INC.




Principal Place of Business
**1914 LK ALDEN DR.
APOPKA FL 32712**

Mailing Address
**PO BOX 1567
APOPKA FL 32704
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1504007** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DANIEL, GARY
1918 LK ALDEN DR
APOPKA FL 32712**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLETCHER, KEN	
STREET ADDRESS	1906 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAIA, ELAINE	
STREET ADDRESS	1914 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA-FL 32712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANIEL, GARY D	
STREET ADDRESS	1918 LAKE ALDEN DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESPEY, MORMAN	
STREET ADDRESS	1932 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGA, MARY	
STREET ADDRESS	1912 LAKE ALDEN LN	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, KEN D	
STREET ADDRESS	1906 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY BOSS POSS, AMY D	
STREET ADDRESS	1923 ARBINGTON ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPEY, NORMAN	
STREET ADDRESS	1932 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALBO, RICHARD D	
STREET ADDRESS	1930 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth H. Fletcher **KENNETH H. FLETCHER**
Signature and typed or printed name of signing officer or director

Date: 3/27/03 **3/27/03**

Daytime Phone #: 407 884-9705 **407 884-9705**

CFR2E037 (10/02)