

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 757484 (1)**  
1. Corporation Name  
**ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1599 LAKE MARION DR  
APOKA FL 32712  
US**

Mailing Address  
**1559 LAKE MARION DR  
APOKA FL 32712  
US**

3. Date Incorporated or Qualified  
**04/09/1981**

3a. Date of Last Report  
**04/26/1995**

4. FEI Number  
**59-2195905**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 **1559 LAKE MARION DR.**  
Suite, Apt. #, etc.  
22 **Apopka**  
City & State  
23 **FL**  
Zip  
24 **32712**  
Country  
25 **Orange**

2a. Mailing Address  
26 **SAME**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

## 9. Name and Address of Current Registered Agent

**DENNEY, DOROTHY  
1559 LAKE MARION DR  
APOKA FL 32712**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
ST	DENNEY, DOROTHY	1559 LAKE MARION DR	APOKA FL	<input type="checkbox"/>
PD	JONES, ROBERT	1511 LAKE MARION DR	APOKA FL	<input checked="" type="checkbox"/>
VP	PARKER, RICHARD	1457 LAKE MARION DR	APOKA FL	<input checked="" type="checkbox"/>
D	WAGNER, WALTER	1567 LAKE MARION DRIVE	APOKA FL	<input type="checkbox"/>
D	MEYER, DOC	1621 LAKE MARION DRIVE	APOKA FL	<input type="checkbox"/>
D	WILLBEE, CHARLES	1747 LAKE MARION DRIVE	APOKA FL	<input type="checkbox"/>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SAME</b>			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>P.D.</b>	<b>JAMES EASTERLING</b>	<b>1409 LAKE MARION DR.</b>	
		<b>APOKA FL 32712</b>		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>V.P.</b>	<b>William Shawb</b>	<b>1554 LAKE MARION DR</b>	
		<b>APOKA FL 32712</b>		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Dorothy H. Denney**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/96**  
Date

**407**  
**886-3818**  
Daytime Phone #

CR2E037 (12/95)