


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **757484** (1)

1. Corporation Name

ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 1559 LAKE MARION DR APOKA FL 32712 US | Mailing Address 1559 LAKE MARION DR APOKA FL 32712 US |
|---|---|

| | |
|---------------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 25 Zip |
| 29 Zip | 30 Country |

| |
|---|
| 3. Date Incorporated or Qualified 04/09/1981 |
|---|

| | |
|---|--|
| 4. FEI Number 59-2195905 | Applied For <input type="checkbox"/> Not Applicable |
|---|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|--|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

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|--|
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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|---|
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| | |
|---|--|
| 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 |

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 | ST <input type="checkbox"/> DELETE |
| NAME | DENNEY, DOROTHY |
| STREET ADDRESS | 1559 LAKE MARION DR |
| CITY-ST-ZIP | APOKA FL |
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | EASTERLING, JAMES |
| STREET ADDRESS | 1409 LAKE MARION DR |
| CITY-ST-ZIP | APOKA FL |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | SHAUB, WILLIAM |
| STREET ADDRESS | 1554 LAKE MARION DR |
| CITY-ST-ZIP | APOKA FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | WAGNER, WALTER |
| STREET ADDRESS | 1567 LAKE MARION DRIVE |
| CITY-ST-ZIP | APOKA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HUEY, DOC |
| STREET ADDRESS | 1621 LAKE MARION DRIVE |
| CITY-ST-ZIP | APOKA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WILLBEE, CHARLES |
| STREET ADDRESS | 1747 LAKE MARION DRIVE |
| CITY-ST-ZIP | APOKA FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.1 TITLE | |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | William Kerrigan |
| 2.3 STREET ADDRESS | 1535 LAKE MARION DR. |
| 2.4 CITY-ST-ZIP | APOKA FL 32712 |
| 3.1 TITLE | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | WALTER WAGNER |
| 3.3 STREET ADDRESS | 1740 LAKE MARION |
| 3.4 CITY-ST-ZIP | APOKA FL 32712 |
| 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | John Collins |
| 4.3 STREET ADDRESS | 1527 LAKE MARION DR |
| 4.4 CITY-ST-ZIP | APOKA FL 32712 |
| 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | C.A. Huey |
| 5.3 STREET ADDRESS | 1621 LAKE MARION DR |
| 5.4 CITY-ST-ZIP | APOKA FL 32712 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 on an attachment with an address.

SIGNATURE: Dorothy H. Denney secretary 2-20-98 407-886-3818

CF2E037 (10/97)