

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90231 045 \*\*\*\*61.25

**DOCUMENT # N98000001342**

1. Entity Name

**ERROL VISTA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**4432 PARKWAY COMM BLVD  
 ORLANDO FL 32808**

Mailing Address

**PO BOX 607098  
 ORLANDO FL 32860**

2. Principal Place of Business

**P.O. Box 207**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 207**

Suite, Apt. #, etc.

City & State

**Plymouth Florida**

City & State

**Plymouth Florida**

4. FEI Number

**59-3497805**

Applied For

Not Applicable

Zip  
**32768-0207**

Country

**USA**

Zip  
**32768-0207**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHOEMAKER, JOHN B  
 503 NORTH ORLANDO AVENUE #105  
 COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name **GUY SHAGINAW**

Street Address (P.O. Box Number is Not Acceptable)

**1317 GOLF POINT LOOP**

City

**APOPKA**

**FL**

Zip Code

**32712**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/29/01**

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHOEMAKER, JOHN B</b>	
STREET ADDRESS	<b>503 NORTH ORLANDO AVENUE #105</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENGHIAT, DAVID</b>	
STREET ADDRESS	<b>503 NORTH ORLANDO AVENUE #105</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEE, SYLVIA</b>	
STREET ADDRESS	<b>503 NORTH ORLANDO AVENUE #105</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUY SHAGINAW</b>	
STREET ADDRESS	<b>1317 GOLF POINT LOOP</b>	
CITY-ST-ZIP	<b>APOPKA FL, 32712</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIZABETH HALL</b>	
STREET ADDRESS	<b>1257 GOLF POINT LOOP</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT POPP</b>	
STREET ADDRESS	<b>1341 GOLF POINT LOOP</b>	
CITY-ST-ZIP	<b>APOPKA FL, 32712</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RENE GOSSELIN</b>	
STREET ADDRESS	<b>1715 GOLF GARDEN WAY</b>	
CITY-ST-ZIP	<b>APOPKA FL, 32712</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHILIP BAILEY</b>	
STREET ADDRESS	<b>1316 GOLF POINT LOOP</b>	
CITY-ST-ZIP	<b>APOPKA FL, 32712</b>	
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:

**GUY SHAGINAW**

**8/29/01**

**407 886 0088**

CR2E037 (5/01)