

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001342

1. Entity Name

ERROL VISTA HOMEOWNERS ASSOCIATION, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90700 028 ****61.25

Principal Place of Business

Mailing Address

PO BOX 207
PLYMOUTH FL 32768-0207

PO BOX 207
PLYMOUTH FL 32768-0207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3497805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SHAGINAW, GUY
STREET ADDRESS 1317 GOLF POINT LOOP
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME HALL, ELIZABETH
STREET ADDRESS 1257 GOLF POINT LOOP
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME POPD, ROBERT
STREET ADDRESS 1341 GOLF POINT LOOP
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GOSSELIN, RENE
STREET ADDRESS 1715 GOLF GARDEN WAY
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BAILEY, PHILIP
STREET ADDRESS 1316 GOLF POINT LOOP
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *RENE GOSSELIN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02
Date

407 886 0966
Daytime Phone #

CR2E037 (9/01)