

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001342

1. Entity Name
ERROL VISTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 207
PLYMOUTH, FL 32768-0207

Mailing Address
PO BOX 207
PLYMOUTH, FL 32768-0207



01232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-3497805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAGINAW, GUY
1317 GOLF POINT LOOP
APOPKA, FL 32712

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GRIFFITH, JACK
1301 GOLF POINT LOOP
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000341127
04/29/05-80003-009 61.25

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IN THIS SPACE**

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.05

Date

Daytime Phone #