2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

HOLL THE AND TYPED ON PHINTING WAS OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

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

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AITHUAL REFORT					water of Ctata	
DOCUMENT # N9800001342 1. Entity Name ERROL VISTA HOMEOWNERS ASSOCIATION, INC.				Sec	eretary of State	
Principal Plac	ce of Business	Mailing Address		}		
PO BOX 207	<i>i</i> =	PO BOX 207		ļ		
PLYMOUTH,	FL 32768-0207	PLYMOUTH, FL 32768-0207				
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				01232005 No Chg-NP	CR2E037 (10/03)	
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				5. Certificate of Status Desired	Fee Required	
1	6. Name and Address of Current Re	istered Agent			A STATE OF THE STA	
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SHAGINAW, GUY 1317 GOLF POINT LOOP			DO NOT WRITE			
APOPKA, FL 32712			The second secon			
			11.5	min this sp		
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 familier with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable (NOTE Registered Agent signature required when reinstating) DATE						
The construction of the co						
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS				
TITLE	VSD	· · · · · · · · · · · · · · · · · · ·	•			
Name	HALL, ELIZABETH			_		
STREET ADDRESS	1257 GOLF POINT LOOP		[- .		
CITY-ST-ZIP	APOPKA, FL 32712	•				
TITLE	PD —		1	Hannan	ገለነነማ	
NAME	GOSSELIN, RENE			- U00000341127 04/29/05-80003-009 61.25		
STREET ADDRESS CITY+ST-ZIP	1715 GOLF GARDEN WAY		ł	רכט זכם ודט	25.18 600-60006	
	APOPKA, FL 32712		1			
TITLE	TD	مده خه تشهير الإها	·==			
name Street address	GRIFFITH, JACK 1301 GOLF POINT LOOP	•	j	SESSEC HE HE HE		
CITY-ST-ZIP	APOPKA, FL 32712		Company of the beginning	== DO NOT W	RITE	
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NAME			}	•		
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TITLE		The Part of the Control of the Contr				
NAME etect annocce			1	··	. 1	
STREET ADDRESS CITY+ST-ZIP			ľ			
	and h. Pha the leformation or malified this this	filling does not or hits, for the star	antion stated in Ta	nting 110 07/20/2 Plathin State to 1	further partification and accounting	
indicated	certify that the information supplied with this on this report or supplemental report is tru	and accurate and that my signat	ure shall have the s	iame legal effect as if made under or	ath: that I am an officer or director	
of the corporation of 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						