

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90326 023 \*\*\*\*61.25

**DOCUMENT # 757484**

1. Entity Name

**ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

1708 LAKE MARION DR.  
APOKA FL 32712  
US

Mailing Address

1708 LAKE MARION DR.  
APOKA FL 32712  
US

2. Principal Place of Business

1652 Lake Marion Dr

3. Mailing Address

1652 Lake Marion Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MORRISON, BARBEE  
1708 LAKE MARION DR.  
APOKA FL 32712

7. Name and Address of New Registered Agent

Name

Deborah L. Fischer

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

1652 Lake Marion Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah L. Fischer

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

(NOTE: Registered Agent signature required when reinstating)

042105

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ST ☒ Delete  
NAME MORRISON, BARBEE  
STREET ADDRESS 1708 LAKE MARION DR.  
CITY-ST-ZIP APOKA FL 32712

TITLE D ☐ Delete  
NAME BABAIR, DONALD  
STREET ADDRESS 1444 LAKE MARION DR.  
CITY-ST-ZIP APOKA FL 32712

TITLE D ☐ Delete  
NAME ANDERSON, ROBERT V  
STREET ADDRESS 1567 LAKE MARION DR  
CITY-ST-ZIP APOKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST ☒ Change ☐ Addition  
NAME Deborah L. Fischer  
STREET ADDRESS 1652 Lake Marion Dr  
CITY-ST-ZIP Apopka FL 32712

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

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

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

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

TITLE ☐ Change ☐ 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:**

Deborah L. Fischer

Deborah L. Fischer 042105

407  
650-5127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #