## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2006 8:00 am Secretary of State **DOCUMENT # 757484** 1. Entity Name 04-04-2006 90140 005 \*\*\*\*61.25 ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 1652 LAKE MARION DR APOKA FL 32712 1652 LAKE MARION DR APOKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISCHER, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 1652 LAKE MARION DR APOPKA FL 32712 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lypnic or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition FISCHER, DEBORAH NAME NAM STREET ADDRESS 1652 LAKE MARION DR STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP CITY-ST-ZIP KEN RIDDLE P TITLE Delete TITLE Change . ☐ Addition BABAIR, DONALD 1417 Lake marion Drive NAME NAME STREET ADDRESS 1444 LAKE MARION DR. STREET ADDRESS Apopka, FL 32712 CITY-S1-7(P APOPKA FL 32712 CITY-ST-7IP Delete WILLIAM GOWER, YP TITLE TITLE ANDERSON, ROBERT V NAME NAME 1644 Luke marion Drive STREET ADDRESS 1567 LAKE MARION DR STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP HDODKA, PL 32712 ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Channe noitibhA 🔲 TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CITY-ST-ZIP

SIGNATURE: Debanh Inch

DEBORAH L. FISCHER

032706

**FILED** 

407-650-5127