

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757484

FILED
Feb 03, 2003
Secretary of State

Entity Name: ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1418 VILLA HILL CT.
APOKA, FL 32712 US

New Principal Place of Business:

1708 LAKE MARION DR.
APOKA, FL 32712 US

Current Mailing Address:

1418 VILLA HILL CT.
APOKA, FL 32712 US

New Mailing Address:

1708 LAKE MARION DR.
APOKA, FL 32712 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTY, NAOMI
1418 VILLA HILL CT.
APOKA, FL 32712

Name and Address of New Registered Agent:

MORRISON, BARBEE
1708 LAKE MARION DR.
APOKA, FL 32712

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: BARBEE MORRISON

02/03/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CHRISTY, NAOMI
Address: 1418 VILLA HILL CT.
City-St-Zip: APOKA, FL 32712

Title: D () Delete
Name: BABAIR, DONALD
Address: 1444 LAKE MARION DR.
City-St-Zip: APOKA, FL 32712

Title: D () Delete
Name: DENNEY, CLAUDE E
Address: 1559 LAKE MARION DR
City-St-Zip: APOKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MORRISON, BARBEE
Address: 1708 LAKE MARION DR.
City-St-Zip: APOKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, ROBERT V
Address: 1567 LAKE MARION DR
City-St-Zip: APOKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD BABAIR

D

02/03/2003

Electronic Signature of Signing Officer or Director

Date