

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90338 023 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3497805**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAGINAW, GUY
1317 GOLF POINT LOOP
APOPKA FL 32712**

Name

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

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **PD SHAGINAW, GUY**
STREET ADDRESS **1317 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME **VD HALL, ELIZABETH**
STREET ADDRESS **1257 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME **SD POPD, ROBERT**
STREET ADDRESS **1341 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME **TD GOSSELIN, RENE**
STREET ADDRESS **1715 GOLF GARDEN WAY**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **PD GOSSELIN, RENE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BAILEY, PHILIP**
STREET ADDRESS **1316 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TD GRIFFITH, JACK**
STREET ADDRESS **1301 GOLF POINT LOOP**
CITY-ST-ZIP **APOPKA, FL 32712**

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: *Jack Griffith* **JACK GRIFFITH** 4-17-03 407-886-5707

CR2E037 (10/02)