

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721516

**Entity Name:** ERROL VILLAGE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

1914 LAKE ALDEN DR.  
APOPKA, FL 32712

**Current Mailing Address:**

P.O. BOX 1567  
APOPKA, FL 32704-1567 US

**FEI Number: 59-1504007**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIELDS, KARL  
1923 ABBINGTON STREET  
APOPKA, FL 32712 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name FIELDS, KARL  
Address 1914 LAKE ALDEN DRIVE  
City-State-Zip: APOPKA FL 32712

Title TREASURER  
Name ROSS, MARTHA AMY  
Address 1923 ABBINGTON STREET  
City-State-Zip: APOPKA FL 32712

Title PRESIDENT  
Name DOBES, GILLIAN  
Address 29016 BEAUCLAIRE DRIVE  
City-State-Zip: TAVARES FL 32778

Title VP  
Name QUINDARDO, JAMES  
Address 1925 ABBINGTON ST.  
City-State-Zip: APOPKA FL 32712

Title VP  
Name ROBBINS, RICHARD  
Address 1037 OLD MAGNOLIA COVE DRIVE  
City-State-Zip: APOPKA FL 32712

*I hereby 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 all other like empowered.*

**SIGNATURE: KARL FIELDS**

**SECRETARY**

**02/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date