

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721516 (3)
1. Corporation Name
ERROL VILLAGE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business: 1912 LK ALDEN DR. APOPKA FL 32712
Mailing Address: 1912 LK ALDEN DR. APOPKA FL 32712

3. Date Incorporated or Qualified: 08/13/1971
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business: 21 1914 LAKE ALDEN DR. 22 Suite, Apt. #, etc. 23 APOPKA FL 24 32712 25 USA
2a. Mailing Address: 26 PO BOX 1507 27 Suite, Apt. #, etc. 28 APOPKA FL 29 32704 30 2617

4. FEI Number: 59-1504007 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ENGA, MARY
1912 LAKE ALDEN DR.
APOPKA FL 32712

10. Name and Address of New Registered Agent
81 Name: NORMAN J. MARCOTTE
82 Street Address (P.O. Box Number is Not Acceptable): 1914 LAKE ALDEN DR.
83 City: APOPKA
84 City: APOPKA FL 85 Zip Code: 32712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE: *Norman J. Marcotte* Norman J. Marcotte TREASURER 4/17/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCOTTE, NORMAN	
STREET ADDRESS	1914 LAKE ALDEN DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARCOTTE, CLAUDE	
STREET ADDRESS	1914 LK ALDEN DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ENGA, MARY	
STREET ADDRESS	1912 LAKE ALDEN DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIEL, GARY	
STREET ADDRESS	1918 LAKE ALDEN DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRIST, GERALDINE	
STREET ADDRESS	1920 LAKE ALDEN DR	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	NORMAN MARCOTTE		
1.3 STREET ADDRESS	1914 LAKE ALDEN DR.		
1.4 CITY-ST-ZIP	APOPKA FL 32712		
2.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	B. Ruth Wuegel		
2.3 STREET ADDRESS	1041 Old Magnolia Cove		
2.4 CITY-ST-ZIP	APOPKA FL 32712		
3.1 TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	TERESA LYNN		
3.3 STREET ADDRESS	1921 A BINGTON ST.		
3.4 CITY-ST-ZIP	APOPKA, FL 32712		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	000001753570		
6.3 STREET ADDRESS	-03/22/96--01003--013		
6.4 CITY-ST-ZIP	***61.25		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman J. Marcotte* Norman J. Marcotte 2/10/96 352-340-6244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)