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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90158 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721516

1. Corporation Name

ERROL VILLAGE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

1914 LK ALDEN DR.
 APOPKA FL 32712

Mailing Address

PO BOX 1567
 APOPKA FL 32704
 US



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/13/1971
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1504007
24 Country	29 Country	Applied For
	30	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
NORMAN J. MARCO 1914 LAKE ALDEN DR. APOPKA FL 32712		81 Name GARY DANIEL 82 Street Address (P.O. Box Number is Not Acceptable) 1918 LK Alden Dr 83 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **GARY DANIEL** DATE **3-15-99**

Signature (typed or printed name of registered agent and use if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCOTTE, NORMAN	1.2 NAME	Donna Howes
STREET ADDRESS	1914 LAKE ALDEN DR.	1.3 STREET ADDRESS	1041 Odd Magnolia Cove Drive
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	[Signature] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDETTE F MARCOTTE	2.2 NAME	
STREET ADDRESS	1914 LAKE ALDEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, THERSA	3.2 NAME	
STREET ADDRESS	1921 ABINGTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FK 32712	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	[Signature] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, GARY	4.2 NAME	NO CHANGE
STREET ADDRESS	1918 LAKE ALDEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	[Signature] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIST, GERALDINE	5.2 NAME	NO CHANGE
STREET ADDRESS	1920 LAKE ALDEN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Denzil Brown
STREET ADDRESS		6.3 STREET ADDRESS	1934 Lake Addeu Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Apopka, FL 32712

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE RECEIVED: GARY DANIEL Pres. 3/16/99** 407 880 3074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)