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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729832

1. Corporation Name

ERROL BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**4501 SOUTH ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169**

Mailing Address
**4501 SOUTH ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1637178

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERIKSON, MARTHA
 2050 SPRINGS LANDING BLVD
 LONGWOOD FL 32779**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
 NAME **ERIKSSON, MARTHA**
 STREET ADDRESS **2050 SPRINGS LANDING BLVD.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **MOORE, W. I**
 STREET ADDRESS **2331 MIDDLECOFF COURT**
 CITY-ST-ZIP **TITUSVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
 NAME **MASON, CHENEY**
 STREET ADDRESS **201 ARCHERS POINT**
 CITY-ST-ZIP **LONGWOOD FL 32750**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
 NAME **LEE, LYNWOOD**
 STREET ADDRESS **110 HAMLIN COURT NORTH**
 CITY-ST-ZIP **LONGWOOD FL 32750**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
 NAME **BRODERICK, DEBBY**
 STREET ADDRESS **107 STEVENAGE COURT**
 CITY-ST-ZIP **LONGWOOD FL**

5.1 TITLE ☐ Change ☒ Addition
 5.2 NAME **D HILL, RICHARD**
 5.3 STREET ADDRESS **413 OAK HILL DRIVE**
 5.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **D** ☐ DELETE
 NAME **LACOVARA, JAMES**
 STREET ADDRESS **1109 MUNSTER ST**
 CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☒ Change ☐ Addition
 6.2 NAME **SD LACOVARA, JAMES**
 6.3 STREET ADDRESS **1109 MUNSTER STREET**
 6.4 CITY-ST-ZIP **ORLANDO, FL 32803**

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: MARTHA D. ERIKSSON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

Date

(904) 427-3641

Daytime Phone #

CR2E037 (11/98)