

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 757484 (1)**  
1. Corporation Name  
**ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
1599 LAKE MARION DR APOKA FL 32712 US  
1559 LAKE MARION DR APOKA FL 32712 US

3. Date Incorporated or Qualified **04/09/1981** 3a. Date of Last Report **04/26/1995**  
4. FEI Number **59-2195905** 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

2. Principal Place of Business 2a. Mailing Address  
21 **1559 LAKE MARION DR.** 26 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Apopka** 27  
City & State City & State  
23 **FL** 28  
Zip Country Zip Country  
24 **32712** 25 **Orange** 29 30

9. Name and Address of Current Registered Agent DENNEY, DOROTHY  
1559 LAKE MARION DR  
APOPKA FL 32712  
10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNEY, DOROTHY	1.2 NAME	<b>SAME</b>
STREET ADDRESS	1559 LAKE MARION DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT	2.2 NAME	<b>P.D. James Easterling</b>
STREET ADDRESS	1511 LAKE MARION DR	2.3 STREET ADDRESS	<b>1409 LAKE MARION DR.</b>
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	<b>Apopka FL 32712</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, RICHARD	3.2 NAME	<b>V.P. William Shawb</b>
STREET ADDRESS	1457 LAKE MARION DR	3.3 STREET ADDRESS	<b>1554 LAKE MARION DR</b>
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	<b>Apopka FL 32712</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WALTER	4.2 NAME	
STREET ADDRESS	1567 LAKE MARION DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, DOC	5.2 NAME	
STREET ADDRESS	1621 LAKE MARION DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLBEE, CHARLES	6.2 NAME	
STREET ADDRESS	1747 LAKE MARION DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	

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: Dorothy H. Denney 3/4/96 409 896-3818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)