


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified 04/09/1981	Applied For Not Applicable
4. FEI Number 59-2195905	Applied For 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Zip	30 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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	EASTERLING, JAMES	2.2 NAME	Pres
STREET ADDRESS	1409 LAKE MARION DR	2.3 STREET ADDRESS	WILLIAM KERRIGAN
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	1535 LAKE MARION DR.
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	APOPKA FL 32712
NAME	SHAUB, WILLIAM	3.2 NAME	V.P.
STREET ADDRESS	1554 LAKE MARION DR	3.3 STREET ADDRESS	WALTER WAGNER
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	1740 LAKE MARION
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WALTER	4.2 NAME	D
STREET ADDRESS	1567 LAKE MARION DRIVE	4.3 STREET ADDRESS	JOHN COLLINS
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	1527 LAKE MARION DR
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huer MEYER, DOC	5.2 NAME	D
STREET ADDRESS	1621 LAKE MARION DRIVE	5.3 STREET ADDRESS	C.A. HUEYER
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	1621 LAKE MARION DR
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	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALTER WAGNER
2.3 STREET ADDRESS	1740 LAKE MARION
2.4 CITY-ST-ZIP	APOPKA FL 32712
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	1527 LAKE MARION DR
3.4 CITY-ST-ZIP	APOPKA FL 32712
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C.A. HUEYER
4.3 STREET ADDRESS	1621 LAKE MARION DR
4.4 CITY-ST-ZIP	APOPKA FL 32712
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Dorothy H. Denney secretary 2-20-98 407-886-3818

CF2E037 (10/97)