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NONPROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # 757484

1. Corporation Name
 ERROL HILLS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 1636 LAKE MARION DR
 APOPKA FL 32712
 US

Mailing Address
 1636 LAKE MARION DR
 APOPKA FL 32712
 US



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number
23. City & State	2c. City & State	5. Certificate of Status Desired
24. Zip	2d. Zip	6. Election Campaign Financing
25. Country	2e. Country	Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DENNEY, DOROTHY 1559 LAKE MARION DR APOPKA FL 32712	Barbara L. Dowson 1636 Lake Marion Dr. Apopka, FL 32712
81. Name	82. Street Address (P.O. Box)
83. City	84. City
	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: *Barbara L. Dowson* DATE: 2-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST DENNEY, DOROTHY	1.1 TITLE	Barbara L. Dowson
STREET ADDRESS	1559 LAKE MARION DR	1.2 NAME	1636 Lake Marion Dr.
CITY-ST-ZIP	APOPKA FL	1.3 STREET ADDRESS	Apopka, FL 32712
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	P KERRIGAN, WILLIAM	2.1 TITLE	Walt Wagner
STREET ADDRESS	1535 LAKE MARION DR	2.2 NAME	1746 Lake Marion Dr.
CITY-ST-ZIP	APOPKA FL 32712	2.3 STREET ADDRESS	Apopka, FL 32712
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	VP SHAUB, WILLIAM	3.1 TITLE	Norm Orth
STREET ADDRESS	1554 LAKE MARION DR	3.2 NAME	1707 Lake Marion Dr.
CITY-ST-ZIP	APOPKA FL	3.3 STREET ADDRESS	Apopka, FL 32712
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	VP WAGNER, WALTER	4.1 TITLE	D
STREET ADDRESS	1740 LAKE MARION	4.2 NAME	Dorothy Denny
CITY-ST-ZIP	APOPKA FL 32712	4.3 STREET ADDRESS	1559 Lake Marion Dr.
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	D HEUER, C A	6.1 TITLE	
STREET ADDRESS	1621 LAKE MARION DRIVE	6.2 NAME	
CITY-ST-ZIP	APOPKA FL 32712	6.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
TITLE	D WILLBEE, CHARLES	6.1 TITLE	
STREET ADDRESS	1747 LAKE MARION DRIVE	6.2 NAME	
CITY-ST-ZIP	APOPKA FL	6.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Barbara L. Dowson* DATE: 2/19/99 402-889-0679

CR2E037 (1/788)