

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757484**

1. Entity 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
-------------------------------------------------------------------------	-------------------------------------------------------------

2. Principal Place of Business 1418 VILLA HILL CT.	3. Mailing Address 1418 VILLA HILL CT.
-------------------------------------------------------	-------------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State APOKA FL	City & State APOKA FL
--------------------------	--------------------------

Zip 32712	Country US	Zip 32712	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-2195905</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

DOWSON BARBARA L  
 1636 LAKE MARIAN DR  
 APOPKA FL 32712

**7. Name and Address of New Registered Agent**

Name  
**CHRISTY NAOMI**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1418 VILLA HILL CT.  
 City  
 APOPKA **FL** Zip Code  
 32712

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE NAOMI CHRISTY **08/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE D	<input type="checkbox"/> Delete
NAME DENNY GENE	
STREET ADDRESS 1559 LAKE MARION DR	
CITY-ST-ZIP APOPKA FL 32712	
TITLE D	<input type="checkbox"/> Delete
NAME WAGNER WALT	
STREET ADDRESS 1740 LAKE MARTAN DR	
CITY-ST-ZIP APOPKA FL 32712	
TITLE ST	<input type="checkbox"/> Delete
NAME DOWSON BARBARA L	
STREET ADDRESS 1636 LAKEMARION DR	
CITY-ST-ZIP APOPKA FL 32712	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENNEY CLAUDE E	
STREET ADDRESS 1559 LAKE MARION DR	
CITY-ST-ZIP APOPKA FL 32712	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABAIR DONALD	
STREET ADDRESS 1444 LAKE MARION DR.	
CITY-ST-ZIP APOPKA FL 32712	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTY NAOMI	
STREET ADDRESS 1418 VILLA HILL CT.	
CITY-ST-ZIP APOPKA FL 32712	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE E. DENNEY **D** **08/28/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)