

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001342

FILED
Jun 05, 2009
Secretary of State

Entity Name: ERROL VISTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1301 GOLF POINT LOOP
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 207
PLYMOUTH, FL 327680207

New Mailing Address:

FEI Number: 59-3497805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAGINAW, GUY
1317 GOLF POINT LOOP
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GRIFFITH, JACK
1301 GOLF POINT LOOP
APOPKA, FL 32712 US

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: JACK GRIFFITH

06/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HALL, ELIZABETH
Address: 1257 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: GRIFFITH, JACK
Address: 1301 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: GOSSETT, JOYCE
Address: 1695 GOLF GARDEN WAY
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HALL, ELIZABETH
Address: 1257 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: SCHRECK, DAVID
Address: 1200 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: VP () Change (X) Addition
Name: COLON, TARRIE
Address: 1755 GOLF GARDEN WAY
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GRIFFITH

TD

06/05/2009

Electronic Signature of Signing Officer or Director

Date