

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 21 PM 4:26

DOCUMENT # N26422

1. Corporation Name
 THE PAVILLIONS AT BALLAST POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 6306 S. MACDILL AVENUE TAMPA FL 33611-3493
 Mailing Address: 6306 S. MACDILL AVENUE TAMPA FL 33611-3493



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	05/27/1988
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-2849962
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHAPMAN, JACQUELINE M 6306 S. MACDILL AVE. TAMPA FL 33611		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, JACQUELINE M	1.2 NAME	300003032653--9
STREET ADDRESS	6306 S. MACDILL AVENUE	1.3 STREET ADDRESS	-11/02/99--01076--005
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	***1161.25 ***61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, JAMES	2.2 NAME	
STREET ADDRESS	6306 S. MACDILL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, THOMAS	3.2 NAME	
STREET ADDRESS	6306 S. MACDILL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, KATHLEEN	4.2 NAME	
STREET ADDRESS	6306 S MACDILL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] **SIGNATURE REQUIRED** 11/13/99 (813) 837-6069
Signature and typed or printed name of officer, director, receiver or trustee. Date Daytime Phone #

001463
 CR2E037 (5/99)

***Pavillion Management Company
6306 South MacDill Avenue
Tampa, Florida 33611***

October 13, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Dissolution of Corporations # J98745, #N26422, #P93000013508

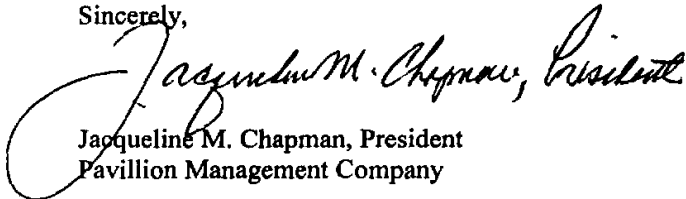
Dear Sirs:

I am writing to question the notices I received stating that my corporations have been dissolved. I have enclosed copies of the applications and checks sent to you in May 1999. If you will check your records you will notice that on that same day, I also filed for Chapman Realty and Home Health Nurses and those two filings were cleared.

Several months ago, when I received a SECOND NOTICE, I made a call to your office and I was reassured that the checks and applications were in the system and would be processed. I do not feel that I should be charged \$750.00 to reinstate. I would appreciate some assistance from your office to find out what happened to my applications and checks.

I can be reached at 813-837-6096 phone or 813-839-4290 fax.

Sincerely,


Jacqueline M. Chapman, President
Pavillion Management Company