

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27449 (0)

1. Corporation Name

THE PAVILION OF PALM CEIA CONDOMINIUM ASSOCIATIO
N, INC.

Principal Place of Business

Mailing Address

3205-A W. DELEON
TAMPA FL 33609
US

3205-A W DELEON
TAMPA FL 33609-4678
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
07/15/1988

3a. Date of Last Report
02/09/1996

4. FEI Number
59-2948832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, AMANDA
3205-A DELEON ST.
TAMPA FL 33609

81 Name ROBERTA MCKAY

82 Street Address (P.O. Box Number is Not Acceptable)
3205-E W. DELEON ST.

83

84 City TAMPA

FL

85 Zip Code
33609

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 Robert McKay

4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MCKAY, ROBERTA
STREET ADDRESS 3205-E W. DELEON
CITY-ST-ZIP TAMPA FL

1.1 TITLE TREASURER ☒ Change ☐ Addition
1.2 NAME MCKAY, ROBERTA
1.3 STREET ADDRESS 3205-E W. DELEON
1.4 CITY-ST-ZIP TAMPA, FL 33609

TITLE SD ☐ DELETE
NAME CASE, ELIZABETH
STREET ADDRESS 3205-H W. DELEON
CITY-ST-ZIP TAMPA FL

2.1 TITLE SECRETARY ☐ Change ☐ Addition
2.2 NAME CASE, ELIZABETH
2.3 STREET ADDRESS 3205-H W. DELEON
2.4 CITY-ST-ZIP TAMPA, FL 33609

TITLE TD ☒ DELETE
NAME HOPKINS, AMANDA
STREET ADDRESS 3205-A W DELEON
CITY-ST-ZIP TAMPA FL

3.1 TITLE PRESIDENT ☐ Change ☒ Addition
3.2 NAME COLEY, DELEON
3.3 STREET ADDRESS 3205-E W. DELEON
3.4 CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)