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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27449 (0)
 1. Corporation Name
THE PAVILION OF PALM CEIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3205-A W. DELEON TAMPA FL 33609 US	Mailing Address 3205-A W DELEON TAMPA FL 33609 US
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3. Date Incorporated or Qualified 07/15/1988	
4. FEI Number 59-2948832	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3205 W. DELEON ST. Suite, Apt. #, etc. 22 E City & State 23 TAMPA, FL Zip 24 33609	2a. Mailing Address 26 3205 W. DELEON ST Suite, Apt. #, etc. 27 E City & State 28 TAMPA, FL Zip 29 33609	Country 30 U.S.A
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6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MCKAY, ROBERTA 3205-E W DELEON ST TAMPA FL 33609
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCKAY, ROBERTA
STREET ADDRESS	3205-E W. DELEON
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CASE, ELIZABETH
STREET ADDRESS	3205-H W. DELEON
CITY-ST-ZIP	TAMPA FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	COOK, CATHY
STREET ADDRESS	3205-G WEST DELEON
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	SHERRI HYDER
2.4 CITY-ST-ZIP	3205 W. DELEON UNIT I TAMPA, FL. 33609
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	NORMA MINARDI COHEN
3.4 CITY-ST-ZIP	3205 W. DELEON ST. UNIT F TAMPA, FL. 33609
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Robert Mckay REQUIRED 4/28/98 (813) 873-4232

CR2E037 (10/97)