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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27449**

1. Corporation Name

**THE PAVILION OF PALM CEIA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3205 W DELEON STREET  
E  
TAMPA FL 33609  
US

Mailing Address

3205 W DELEON STREET  
E  
TAMPA FL 33609  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/15/1988

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

9. Name and Address of Current Registered Agent

MCKAY, ROBERTA  
3205-E W DELEON ST  
TAMPA FL 33609

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS SHERR, HYDER  
CITY-ST-ZIP 3205-E W. DELEON  
TAMPA FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS NORMA MINARD, COHEN  
CITY-ST-ZIP 3205 W DELEON STREET UNIT F  
TAMPA FL 33609

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition

1.2 NAME SHERR, HYDER

1.3 STREET ADDRESS 3205 W DELEON

1.4 CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME ROBERTA MCKAY

2.3 STREET ADDRESS 3205 W DELEON

2.4 CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Robert Mckay* ROBERTA MCKAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99  
Date

(813) 873-4232  
Daytime Phone #

CR2E037 (11/98)