


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90168 022 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N06541</b> 1. Entity Name <b>THE PAVILION CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O HARVEY GRANGER          1325 SAN MARCO BLVD., SUITE 902          JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>C/O HARVEY GRANGER          1325 SAN MARCO BLVD., SUITE 902          JACKSONVILLE, FL 32207 US</b>
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**60032654**



04102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2768133</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANGER, HARVEY  
 1325 SAN MARCO BLVD.  
 SUITE 902  
 JACKSONVILLE, FL 32207**

**DO NOT WRITE  
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GREENE, A. HUGH
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	WILBANKS, JOHN F
STREET ADDRESS	1325 SAN MARCO BOULEVARD SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DST
NAME	GRANGER, HARVEY
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John F. Wilbanks* 4/28/08 904-202-2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #