


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27192** (6)  
1. Corporation Name  
**PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>805 GULF PAVILION DR. NAPLES FL 33963</b>	Mailing Address <b>805 GULF PAVILION DR. NAPLES FL 33963</b>
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3. Date Incorporated or Qualified <b>06/28/1988</b>	
4. FEI Number <b>65-0058920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>34108</b> 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>34108</b> 29 Country
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9. Name and Address of Current Registered Agent

**VICKERS, MICHAEL**  
**805 GULF PAVILION DR.**  
**NAPLES FL 33963**

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 <b>FL 34108</b>

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 *Michael Vickers* **Michael Vickers** **1-10-98**  
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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RAND, DORIS JEAN</b>	
STREET ADDRESS	<b>870 GULF PAVILION DR., #101</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOLFINGER, JOHN</b>	
STREET ADDRESS	<b>840 GULF PAVILION DR., #201</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCSWENNEY, FRED</b>	
STREET ADDRESS	<b>870 GULF PAVILION DR #102</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUTE, PAUL</b>	
STREET ADDRESS	<b>815 GULF PAVILION DR., #102</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PACANOVSKY, GEORGE</b>	
STREET ADDRESS	<b>887 GULF PAVILION DR. #201</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD</b>
4.3 STREET ADDRESS	<b>Martin Blied</b>
4.4 CITY-ST-ZIP	<b>887 Gulf Pavilion Dr. # 104 NAPLES FL 34108</b>
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: *Doris Jean Rand* (**Doris Jean Rand**) **2/14/98** (941)566-8010

CR2E037 (10/97)