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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27192

1. Corporation Name

PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

805 GULF PAVILION DR.  
NAPLES FL 34108  
US

805 GULF PAVILION DR.  
NAPLES FL 34108  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/28/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0058920

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICKERS, MICHAEL  
805 GULF PAVILION DR.  
NAPLES FL 33963

81 Name Michael Vickers  
82 Street Address (P.O. Box Number is Not Acceptable)  
805 Gulf Pavilion Dr.  
83  
84 City Naples FL 85 Zip Code 34108

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

1/30/99  
1999  
mv

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME RAND, DORIS JEAN  
STREET ADDRESS 870 GULF PAVILION DR., #101  
CITY-ST-ZIP NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVD  
NAME DOLFINGER, JOHN  
STREET ADDRESS 840 GULF PAVILION DR., #201  
CITY-ST-ZIP NAPLES FL

2.1 TITLE AV/D  
2.2 NAME RICHARD MORLEY  
2.3 STREET ADDRESS 887 Gulf Pavilion Dr. #203  
2.4 CITY-ST-ZIP NAPLES FL 34108

TITLE TD  
NAME MCSWENNEY, FRED  
STREET ADDRESS 870 GULF PAVILION DR #102  
CITY-ST-ZIP NAPLES FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME BLIED, MARTIN  
STREET ADDRESS 887 GULF PAVILION DRIVE #104  
CITY-ST-ZIP NAPLES FL 34108

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

TITLE V  
NAME PACANOVSKY, GEORGE  
STREET ADDRESS 887 GULF PAVILION DR. #201  
CITY-ST-ZIP NAPLES FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE AT/D  
6.2 NAME DOLORES JOHNSTONE  
6.3 STREET ADDRESS 876 GULF PAVILION DR. #103  
6.4 CITY-ST-ZIP NAPLES FL 34108

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: x Doris Jean Rand (Doris Jean Rand) 2/12/99 544-8010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)