

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90338 028 \*\*\*\*61.25

**DOCUMENT # N27192**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0058920**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VICKERS, MICHAEL**  
**805 GULF PAVILION DRIVE**  
**NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 34108</b>	
TITLE	<b>AVD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORLEY, RICHARD</b>	
STREET ADDRESS	<b>887 GULF PAVILION DRIVE #203</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GAKOS, SOPHOCLES</b>	
STREET ADDRESS	<b>816 GULF PAVILION DR #202</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PRESTON, KATHLEEN</b>	
STREET ADDRESS	<b>810 GULF PAVILION DR #202</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</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 34108</b>	
TITLE	<b>ATD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSTONE, DELORIS</b>	
STREET ADDRESS	<b>876 PAVILION DR # 103</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>AVD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Williams, Raymond</b>	
STREET ADDRESS	<b>876 Gulf Pavilion Dr. #204</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ATD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Briggs, Mary</b>	
STREET ADDRESS	<b>887 Gulf Pavilion Dr. #103</b>	
CITY-ST-ZIP	<b>Naples FL 34108</b>	

12. 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 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: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President 4/5/02**

Date Daytime Phone #

CR2E037 (9/01)