2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # N27192 1. Entity Name PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.								04-16-2	007 90	061 03	4 ****61	1.25	
				ss AVILION DR. 34108 U	JS .		! 4.0.0 1.0.0	I KIBIN (BBB) MAK a (I		II MINTI NENTE	Albir albir bibi	III EI EI ICEI	
2. Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing Add	Mailing Address									
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			02102007	Chg-NP	c	R2E037	7 (12/06)		
City & State			City & Stat	City & State			4. FEI Numbe 65-005				—	plied For at Applicable	
Zip Country		Zìp		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent					Nome		7. Name and	Address of N	lew Regi	stered A	gent		
SAMONCE MURRELL R GAL P A 5405 PARK CENTRAL CRT					Name Street A	ddress (F	O. Box Numb	er is Not Acce	ptable)				
NAPLES, FL 34109						Street Address (P.O. Box Number is Not Acceptable)							
					City					FL	Zip Code	e	
	named entity ions of regist	y submits this statement for ered agent.	the purpose of c	hanging its re	egistered office o	r register	ed agent, or bo	th, in the State	of Florida	a. I am fa	ımiliar with,	and accept	
SIGNATURE.		or printed name of registered agent a	nd title it applicable	(NOTE: F	Registered Agent signat	ure required	when reinstation)			DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required Filling Fee is \$61.25 9. Election Campaign Financing										•		į	
	Filing Fe	e is \$61.25	9. 6	lection Camp	aign Financing		\$5.00 May 6	Se Se	Make	e check	payable t	o	
	_	e is \$61.25 lay 1, 2007		lection Camp rust Fund Co			\$5.00 May E Added to Fees				payable to ment of St		
10.	Due by M		ECTORS	rust Fund Co	ntribution.				Florida	Departi AND DIR	ment of SI	tate i 10	
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TITLE	P RAND, DO	OFFICERS AND DIR ORIS JEAN PAVILION DR., #101	ECTORS	rust Fund Co	11.		Added to Fees		Florida	Departi AND DIR	ment of SI	tate i 10	
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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 outh; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

239.566-8010