


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-16-2007 90061 034 \*\*\*\*61.25

<b>DOCUMENT # N27192</b>			
1. Entity Name <b>PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 805 GULF PAVILION DR. NAPLES, FL 34108 US		Mailing Address 805 GULF PAVILION DR. NAPLES, FL 34108 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SAMONCE MURRELL R GAL P A</b> <b>5405 PARK CENTRAL CRT</b> <b>NAPLES, FL 34109</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAND, DORIS JEAN</b>	NAME	
STREET ADDRESS	<b>870 GULF PAVILION DR., #101</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, MARILYN</b>	NAME	
STREET ADDRESS	<b>828 GULF PAVILION DR #104</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAKOS, SOPHOCLES</b>	NAME	
STREET ADDRESS	<b>816 GULF PAVILION DR #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESTON, KATHLEEN</b>	NAME	
STREET ADDRESS	<b>810 GULF PAVILION DR #202</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	CITY-ST-ZIP	
TITLE	AVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWES, CHARLES</b>	NAME	
STREET ADDRESS	<b>810 GULF PAVILION DR #104</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	CITY-ST-ZIP	
TITLE	ATD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOLFINGER, BARBARA</b>	NAME	<b>ATD JOHNSTONE, DOLORES</b>
STREET ADDRESS	<b>840 GULF PAVILION DR. #201</b>	STREET ADDRESS	<b>876 GULF PAVILION DR. #103</b>
CITY-ST-ZIP	<b>NAPLES, FL 34108</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 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: <u>Doris Jean Rand</u>		Date: <u>4/10/07</u>	Daytime Phone #: <u>239-566-8010</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #