

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000089 (1)**

1. Corporation Name

**PAVILION PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**4902 EISENHOWER BLVD.  
SUITE 100  
TAMPA FL 33634**

Mailing Address

**4902 EISENHOWER BLVD.  
SUITE 100  
TAMPA FL 33634**

3. Date Incorporated or Qualified  
**01/09/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4131 GUNN HWY.**

26 **4131 GUNN HWY**

4. FEI Number

**59-0711505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **TAMPA, FLORIDA**

City & State

28 **TAMPA, FLORIDA**

Zip

24 **33624**

Country

25 **USA**

Zip

29 **33624**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J  
700 N.W. 107 AVE.  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name **GAIL E. FLOWERS, LCAM**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**GREENACRE PROPERTIES, INC.**  
83 **4131 GUNN HIGHWAY**  
84 City **TAMPA** FL 85 Zip Code **33624**

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

**Gail E. Flowers, LCAM**

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 **DP** ☐ DELETE  
NAME **BERMAN, B. MARK**  
STREET ADDRESS **4902 EISENHOWER BLVD.**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **DV** ☐ DELETE  
NAME **GUIDO, DOUGLAS G**  
STREET ADDRESS **4902 EISENHOWER BLVD.**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **DST** ☐ DELETE  
NAME **DONNELLY, DAVID**  
STREET ADDRESS **4902 EISENHOWER BLVD.**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition  
12 NAME **ERIC WYMOWITZ**  
13 STREET ADDRESS **4902 EISENHOWER BLVD.**  
14 CITY-ST-ZIP **TAMPA, FL. 33634**

21 TITLE **DV** ☒ Change ☐ Addition  
22 NAME **DEBORA L. HUDRLIK**  
23 STREET ADDRESS **4902 EISENHOWER BLVD.**  
24 CITY-ST-ZIP **TAMPA, FL. 33634**

31 TITLE **DST** ☒ Change ☐ Addition  
32 NAME **TED CHRONIS**  
33 STREET ADDRESS **4902 EISENHOWER BLVD.**  
34 CITY-ST-ZIP **TAMPA, FL. 33634**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE **300001748475** ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS **-03/19/96--01024--032**  
64 CITY-ST-ZIP **\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Deborah L. Hudrluk**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)