


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90056 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000089 1. Corporation Name PAVILION PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY. TAMPA FL 33624			Mailing Address 4131 GUNN HWY. TAMPA FL 33624		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/09/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0711505	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLOWERS, GAIL E LOAM 4131 GUNN HIGHWAY TAMPA FL 33624				81 Name ALICIA WEIGEL	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 817.1508, 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 <i>Alicia Weigel</i>				DATE 4/5/99	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DV	COHILL, WILL	4131 GUNN HWY	1.1 TITLE <i>Secretary</i>	
		TAMPA FL 33624		1.2 NAME <i>Thomas Herman</i>	
				1.3 STREET ADDRESS <i>DV 4131 Gunn Highway Tampa 33624</i>	
				1.4 CITY-ST-ZIP	
	DP	HUDRIK, DEBORA L	4131 GUNN HWY	2.1 TITLE	
		TAMPA FL 33624		2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
	DST	SECORD, KEITH	4131 GUNN HWY	3.1 TITLE	
		TAMPA FL 33624		3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)