

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90086 001 ****61.25

DOCUMENT # N95000000089

1. Entity Name
PAVILION PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
409 E. COLLEGE AVE.
RUSKIN, FL 33575

Mailing Address
PO BOX 1058
RUSKIN, FL 33575

34055400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0711505

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GETZ, ALLEN
409 E. COLLEGE AVE
RUSKIN, FL 33570

Name
LOW Ellen Wilson
Street Address (P.O. Box Number is Not Acceptable)
409 E. College Avenue
City *Ruskin* FL Zip Code *33570*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete
NAME JENKINS, ERNIE
STREET ADDRESS 9210 HIDDEN WATER CIRCLE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME OHALL, CARL J
STREET ADDRESS 3315 MANOR COVE CIRCLE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE *D/P FALKE* ☐ Change ☒ Addition
NAME *Brian Falke*
STREET ADDRESS *3535 Osprey Cove Dr.*
CITY-ST-ZIP *Riverview, FL 33569*

TITLE D ☒ Delete
NAME LAHMANN, ROBERT
STREET ADDRESS 3325 MANOR COVE CIRCLE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE *O/T HALDOR HJARTASON* ☐ Change ☒ Addition
NAME
STREET ADDRESS *9266 Estate Cove Dr.*
CITY-ST-ZIP *Riverview, FL 33569*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *O/S STEVEN WILLIAMS* ☐ Change ☒ Addition
NAME
STREET ADDRESS *3506 Osprey Cove Dr.*
CITY-ST-ZIP *Riverview, FL 33569*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Change ☒ Addition
NAME *DIANA FARRINGTON*
STREET ADDRESS *3535 OSPREY COVE DR.*
CITY-ST-ZIP *RIVERVIEW, FL 33569*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *ERNIE JENKINS, President*

Daytime Phone #

3/23/04 (813) 645-1569