


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90041 046 \*\*\*\*61.25

<b>DOCUMENT # N95000000089.</b> 1. Entity Name <b>PAVILION PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>409 E. COLLEGE AVE. RUSKIN, FL 33575</b>			Mailing Address <b>PO BOX 1058 RUSKIN, FL 33575</b>		
2. Principal Place of Business <b>3301 MANOR COVE CIR.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>RIVERVIEW FL</b>		City & State City & State		4. FEI Number <b>59-0711505</b>	
Zip <b>33569</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, LOU ELLEN 409 E. COLLEGE AVE RUSKIN, FL 33570</b>			7. Name and Address of New Registered Agent Name <b>PAMELA SWARTWOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. COLLEGE AVE</b> City <b>RUSKIN</b> <b>FL</b> Zip Code <b>33570</b>		
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 <u><i>Pamela Swartwood</i></u> DATE <u>03-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to: Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JENKINS, ERNIE 9210 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FALKE, BRIAN 3535 OSPREY COVE DR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HIAUTASON, HALDOR 9266 ESTATE COVE CR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, STEVEN 3506 OSPREY COVE DR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRINGTON, DIANA 3535 OSPREY COVE DR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEVE WILLIAMS 3506 OSPREY COVE DR. RIVERVIEW FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARK HOLTEN 9202 ESTATE COVE CR. RIVERVIEW FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATT HELMS 9234 HIDDEN WATER CIR. RIVERVIEW FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE LUNDQUIST 3525 OSPREY COVE DR. RIVERVIEW FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEVE WILLIAMS 3506 OSPREY COVE DR. RIVERVIEW FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Ernest Jenkins</i></u> <b>ERNEST JENKINS, PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					