

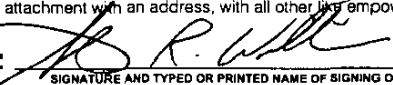


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90238 039 \*\*\*\*61.25

<b>DOCUMENT # N95000000089</b> 1. Entity Name <b>PAVILION PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3301 MANOR COVE CIR RIVERVIEW, FL 33569</b>			Mailing Address <b>PO BOX 1058 RUSKIN, FL 33575</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03042006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-0711505</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWARTWOOD, PAMELA 409 E. COLLEGE AVE RUSKIN, FL 33570</b>			Name <b>Lou Ellen Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. College Ave</b> City <b>Ruskin 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  DATE _____ <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, 2006</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP JENKINS, ERNIE 9210 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP VAN MEERITT 9324 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP WILLIAMS, STEVE 3506 OSPREY COVE DR RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP D 9306 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT HOLTEN, MARK 9202 ESTATE COVE CIR RIVERVIEW, FL 33569</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP D 9306 HIDDEN WATER CIRCLE RIVERVIEW, FL 33569</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HELMS, MATT 9234 HIDDEN WATER CIR RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUNDQUIST, LESLIE 3525 OSPREY COVE DR RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Steve Williams</b>			Date <b>3/7/6</b> Daytime Phone # <b>813-630-0122</b>		