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03-10-1999 90126 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000002922**

1. Corporation Name
THE PAVILION PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 E. HWY 98. UNIT 702A DESTIN FL 32541	1100 E. HWY 98. UNIT 702A DESTIN FL 32541

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number — — ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANCHORS, C. LEDON 909 MAR WALT DR., STE.1014 FT. WALTON BEACH FL 32547	81 Name 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, HUGH E		1.2 NAME		
STREET ADDRESS	830 GULF SHORE DR, UNIT 5121		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEWITT, C B		2.2 NAME		
STREET ADDRESS	1100 E HWY 98, UNIT 702A		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		2. 4 CITY-ST-ZIP		
TITLE	ASDH	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EWITT, BETSY		3.2 NAME		
STREET ADDRESS	1100 E. HWY 98, UNIT 702A		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, RUTH		4. 2 NAME		
STREET ADDRESS	830 GULF SHORE DR., UNIT 5121		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEIER, ALFRED W		5.2 NAME		
STREET ADDRESS	7092 BETHEL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DORA AL 35062		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: VICE PRESIDENT C.B. HEWITT 3/5/99 850-650-9282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #