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Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am DOCUMENT # N98000002922 Secretary of State THE PAVILION PALMS CONDOMINIUM ASSOCIATION, INC. 01-21-2000 90123 030 ****61.25 Principal Place of Business Mailing Address 1100 E. HWY 98, UNIT 702A 1100 E. HWY 98, UNIT 702A DESTIN FL 32541 **DESTIN FL 32541-3306** 3. Mailing Address Principal Place of Business P.D. BOX 2982 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE *59-356491*1 City & State Applied For Walton Boach, Flori Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANCHORS, C. LEDON 909 MAR WALT DR., STE.1014 FT. WALTON BEACH FL 32547 City Zip Code 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (66/6) TITLE TITLE ☐ Delate Change ☐ Addition Norton, Hugh E. 1100 Hwy 98 E. Unit B802 Destin, Fl. 32541 NORTON, HUGH E NAME NAME E037 STREET ADDRESS STREET ADDRESS 890 GULP SHORE DR, UNIT 5121 CITY-ST-71P CITY-ST-7IP DESTIN FL 3254+ VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEWITT, C B NAME NAME STREET ADDRESS 1100 E HWY 98, UNIT 702A STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 ASDH TITLE Delete T Change □ Addition EWITT, BETSY NAME NAME STREFT ADDRESS STREET ADDRESS 1100 E. HWY 98, UNIT 702A CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE ☐ Delete TITLE **Change** ☐ Addition NAME NORTON, RUTH NAME STREET ADDRESS STREET ADDRESS 836 CULF CHORE DR., UNIT 5121 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 82544 Destin, Fl. 32541 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nn F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR