

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90662 013 \*\*\*\*61.25

**DOCUMENT # N98000002922**

1. Entity Name

**THE PAVILION PALMS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2410 OLD HWY 98E  
UNIT 103A  
DESTIN FL 32541

Mailing Address

PO BOX 2982  
FORT WALTON BEACH FL 32549

2. Principal Place of Business

3. Mailing Address

1234 Airport Rd., #226

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#226

City & State

City & State  
Destin, FL 32541

4. FEI Number

59-3564911

Applied For

Not Applicable

Zip

Country

Zip  
32541

Country

Okaloosa

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANCHORS, C. LEDON  
909 MAR WALT DR., STE.1014  
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                             |                                            |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NORTON, HUGH E<br>1100 HWY 98 E., UNIT B802<br>DESTIN FL 32541        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>JETT, WILLIAM J<br>100 LAKE VISTA DR<br>HENDERSONVILLE TN 37075      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AVPD<br>CRAVEN, DOUGLAS C<br>3763 MISTY WAY<br>DESTIN FL 32541              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MONKHAUS, SUSAN<br>2535 HOPEWELL PLANTATION DR<br>ALPHARETTA GA 30004 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KEEFER, LARRY L<br>141 BLUE RIDGE DR<br>MONROEVILLE AL 36460          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                        |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Douglas Cravens, Jr.<br>3763 Misty Way<br>Destin, FL 32541       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Larry Keefer<br>141 Blue Ridge Dr.<br>Monroeville, AL 36460      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Shar Kielack<br>23561 No. Valley Rd.<br>Lake Zurich, IL 32549    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Sue Menkhaus<br>2535 Hopewell Plantation<br>Alpharetta, GA 30004 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>C. B. Hewitt<br>1100 Hwy. 98E - #702A<br>Destin, FL 32541         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:

*DOUGLAS CRAVENS, JR.*

MAR 15, 2002

850-269-0032

CR2E037 (9/01)