

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90127 016 \*\*\*\*61.25

**DOCUMENT # N98000002922**

1. Entity Name  
**THE PAVILION PALMS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2410 OLD HWY 98E  
DESTIN, FL 32541**

Mailing Address  
**P.O. BOX 6580  
MIRAMAR BEACH, FL 32550**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3564911**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUDINGTON, GEORGE  
477 CAPTAINS CIRCLE  
DESTIN, FL 32341**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KEEFER, LARRY  
STREET ADDRESS 141 BLUE RIDGE DR.  
CITY-ST-ZIP MONROEVILLE, AL 36460

TITLE TSD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME NORTON, HUGH  
STREET ADDRESS 1100 HWY 98E - #802B  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☒ Addition  
NAME Aderhold, Norm  
STREET ADDRESS 313 Robin Lane  
CITY-ST-ZIP Marietta, Ga 30067

TITLE TSD ☒ Delete  
NAME MENKHAUS, SUE  
STREET ADDRESS 2535 HOPEWELL PLANTATION DR  
CITY-ST-ZIP ALPHARETTA, GA 30004

TITLE PB ☐ Change ☒ Addition  
NAME Doerr, Joe  
STREET ADDRESS 2410 Scenic Hwy. 98 #105C  
CITY-ST-ZIP Destin, FL 32550

TITLE D ☐ Delete  
NAME HEWITT, C B  
STREET ADDRESS 1100 HWY. 98E - #702A  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SPRAGUE, DEDE  
STREET ADDRESS 2410 SCENIC HWY. 98 #102A  
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/05 850-650-5147**  
Date Daytime Phone #