


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90176 004 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3564911	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	STB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEEFER, LARRY	NAME			
STREET ADDRESS	141 BLUE RIDGE DR.	STREET ADDRESS			
CITY-ST-ZIP	MONROEVILLE, AL 36460	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADERHOLD, NORM	NAME			
STREET ADDRESS	313 ROBIN LANE	STREET ADDRESS			
CITY-ST-ZIP	MARIETTA, GA 30067	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOERR, JOE	NAME			
STREET ADDRESS	2410 SCENIC HWY 98, # 105C	STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32550	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, JOYCE	NAME	Bearden, Marr Lynn		
STREET ADDRESS	P.O. BOX 6178	STREET ADDRESS	P.O. Box 645		
CITY-ST-ZIP	DESTIN, FL 32550	CITY-ST-ZIP	Van Buren, AR 72957		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARP, HENRY	NAME			
STREET ADDRESS	9049 TRAVELERS WAY	STREET ADDRESS			
CITY-ST-ZIP	MIDLAND, GA 31820	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		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 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.					
SIGNATURE: <u>Joe Doerr</u> Joe Doerr <u>4/1/07</u> <u>850-650-5147</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					