

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002922

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE PAVILION PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2410 SCENIC GULF HWY.
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6580
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3564911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDINGTON, GEORGE
477 CAPTAINS CIRCLE
DESTIN, FL 32341 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: KEEFER, LARRY
Address: 141 BLUE RIDGE DR.
City-St-Zip: MONROEVILLE, AL 36460

Title: VD () Delete
Name: ADERHOLD, NORM
Address: 313 ROBIN LANE
City-St-Zip: MARIETTA, GA 30067

Title: PD () Delete
Name: DOERR, JOE
Address: 2410 SCENIC HWY 98, # 105C
City-St-Zip: DESTIN, FL 32550

Title: D () Delete
Name: KIELACK, DONALD
Address: 2410 SCENIC GULF WAY HWY. #202B
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: HARP, HENRY
Address: 9049 TRAVELERS WAY
City-St-Zip: MIDLAND, GA 31820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON KIELACK

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date