2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002922

1. Entity Name

THE PAVILION PALMS CONDOMINIUM ASSOCIATION, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90208 009 ****61.25

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2410 OLD HWY 98E 12 UNIT 103A #2		Mailing Address 1234 AIRPORT RD. #226 DESTIN FL 32541				Bija 88141 88411 88112 88121 88411	Liiofa (biio iii	a (a 18 a 1 18a)	
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3564911 Applied For Not Applicable					
Zip Country		Zip	Country		5. Certificate of Statu		S8.75 Additional Fee Required		
	6. Name and Address of Current Re	egistered Agent			7. Name and Addres	s of New Registered A	gent		
				Name					
ANCHORS, C. LEDON 909 MAR WALT DR., STE.1014				Street Address (P.O. Box Number is Not Acceptable)					
FT. WALTON BEACH FL 32547									
			City	,		FL	Zip Cod	e	
	e named entity submits this statement for t tions of registered agent. Signature, typed or printed name of registered agent and				ed agent, or both, in the	State of Florida. I am fa	miliar with,	and accept	
	FILE NOW: FEE IS \$61.25	,	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 DIRE	CTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAVENS, DOUGLAS JR 3763 MISTY WAY DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KEEFER, LARRY 141 BLUE RIDGE DR. MONROEVILLE AL 36460	☐ Delete	TITLE NAME STREET ADDRI CITY::ST-ZIP	ESS		ا جا هدورسه در بدند	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIELACK, SHAR 23561 NO. VALLEY RD. LAKE ZURICH IL 32549	K Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENKHAUS, SUE 2535 HOPEWELL PLANTATION DR ALPHARETTA GA 30004	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS ·			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, C B 1100 HWY. 98E - #702A DESTIN FL 32541	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS		(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS 110	GH NORTON OO HWY.98E STIN, FL 3	- #802B	Change	★ 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: