

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27192

**Entity Name:** PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

806 GULF PAVILION DR.  
NAPLES, FL 34108

**FILED**  
**Feb 14, 2013**  
**Secretary of State**  
**CC7642448931**

**Current Mailing Address:**

806 GULF PAVILION DR.  
NAPLES, FL 34108 US

**FEI Number: 65-0058920**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAMOUCÉ, MURRELL & GAL, P .A.  
5405 PARK CENTRAL CRT  
NAPLES, FL 34109 US

*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

**Officer/Director Detail :**

Title P  
Name LEVELL, SUE  
Address 816 GULF PAVILION DR., #102  
City-State-Zip: NAPLES FL 34108

Title V  
Name ROBERTSON, JAMES  
Address 864 GULF PAVILION DR #203  
City-State-Zip: NAPLES FL 34108

Title TD  
Name GAKOS, SOPHOCLES  
Address 816 GULF PAVILION DR #202  
City-State-Zip: NAPLES FL 34108

Title SD  
Name PRESTON, KATHLEEN  
Address 810 GULF PAVILION DR #202  
City-State-Zip: NAPLES FL 34108

Title AVD  
Name ANDREWES, CHARLES  
Address 810 GULF PAVILION DR #104  
City-State-Zip: NAPLES FL 34108

Title ATD  
Name JOHNSTONE, DOLORES  
Address 876 GULF PAVILION DR #103  
City-State-Zip: NAPLES FL 34108

*I hereby 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 all other like empowered.*

**SIGNATURE: SUE LEVELL**

**PRESIDENT**

**02/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date