

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000089

Entity Name: PAVILION PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**409 E COLLEGE AVENUE
RUSKIN, FL 33570**Current Mailing Address:**PO BOX 1058
RUSKIN, FL 33575**FEI Number:** 59-0711505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, LOU ELLEN
409 E. COLLEGE AVE
RUSKIN, FL 33570 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 TREASURER
Name HAMBRICK, HAROLD
Address PO BOX 1058
City-State-Zip: RUSKIN FL 33575

Title PRESIDENT
Name BAGSHAW, JUDITH
Address PO BOX 1058
City-State-Zip: RUSKIN FL 33575

Title VP
Name SWOOPE, HERBERT
Address PO BOX 1058
City-State-Zip: RUSKIN FL 33575

Title SECRETARY
Name ECHEVARRIA, CATHERINE
Address PO BOX 1058
City-State-Zip: RUSKIN FL 33575

Title DIRECTOR
Name TROMBLEY, AMBER
Address PO BOX 1058
City-State-Zip: RUSKIN FL 33575

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: JUDITH BAGSHAW**PRESIDENT****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date