

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000089

Entity Name: PAVILION PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6554 KRYCUL AVENUE
RIVERVIEW, FL 33578-4330**Current Mailing Address:**C/O EXCELSIOR COMMUNITY MANAGEMENT LLC
6554 KRYCUL AVENUE
RIVERVIEW, FL 33578-4330 US**FEI Number:** 59-3336453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROUT, PATRICIA E
C/O EXCELSIOR COMMUNITY MANAGEMENT LLC
6554 KRYCUL AVENUE
RIVERVIEW, FL 33578-4330 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:** PATRICIA E TROUT

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name BAGSHAW, JUDITH J
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR, VICE-PRESIDENT
Name JONES, JOHN K
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR, SECRETARY
Name ECHEVARRIA, CATHERINE
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR, TREASURER
Name LECLERC, MARTIN B
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR
Name HAMBRICK, HAROLD
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR
Name NORTHCOTT, MICHAEL K
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title DIRECTOR
Name VAN ORE, LAWRENCE D
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

Title NON-MEMBER LICENSED
COMMUNITY ASSOCIATION
MANAGER
Name TROUT, PATRICIA E
Address 6554 KRYCUL AVENUE
City-State-Zip: RIVERVIEW FL 33578-4330

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: PATRICIA E TROUT

LCAM

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date