

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED

FILED

SEP 11 1994

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Supt. of Records  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **763617** (8)

1. Corporation Name  
**PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, I NC.**

Principal Place of Business Mailing Address  
**2751 DEBORAH DRIVE TALLAHASSEE FL 32310 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/08/1982** 3a. Date of Last Report **05/01/1994**  
4. FBI Number **NOT APPLICABLE** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ALFORD, JUNE  
2751 DEBORAH DRIVE  
TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Name of current registered agent and title of agent. Add: Registered Agent (corporation required after filing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURKE, JAMES
STREET ADDRESS	P.O. BOX 3832 N/A
CITY ST ZIP	TALLAHASSEE FL
TITLE	VD
NAME	COLEMAN, JAMES
STREET ADDRESS	HC 1, BOX 3500-G
CITY ST ZIP	TALLAHASSEE FL
TITLE	STD
NAME	ALFORD, JUNE
STREET ADDRESS	2751 DEBORAH DRIVE
CITY ST ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: June F. Alford *June Alford* 4/28/95 188-2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR