

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763617

1. Entity Name

PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, I

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90020 018 ****61.25

Principal Place of Business 22534 FRANCIS WAY TALLAHASSEE FL 32310 US	Mailing Address 22534 FRANCIS WAY TALLAHASSEE FL 32310-9302 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, EVELYN
22534 FRANCIS WAY
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURKE, JAMES	
STREET ADDRESS	P.O. BOX 3832 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVELING, ARTHUR	
STREET ADDRESS	2762 PARRAMORE SHORES RD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEST, EVELYN	
STREET ADDRESS	22534 FRANCIS WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCELVEEN, R. PATRICK	
STREET ADDRESS	2801 PARRAMORE SIDORES RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Evelyn West* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** **5-1-2000** **576-8683**
 Date Daytime Phone #

CR2E037 (9/99)