

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90034 047 ****61.25

DOCUMENT # 763617

1. Entity Name

PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

22534 FRANCIS WAY
 TALLAHASSEE FL 32310
 US

Mailing Address

22534 FRANCIS WAY
 TALLAHASSEE FL 32310
 US

00036704



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI-Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, EVELYN
22534 FRANCIS WAY
TALLAHASSEE FL 32310

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BURKE, JAMES**
 STREET ADDRESS **P.O. BOX 3832 N/A**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **AVELING, ARTHUR**
 STREET ADDRESS **2762 PARRAMORE SHORES RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WEST, EVELYN**
 STREET ADDRESS **22534 FRANCIS WAY**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MCELVEEN, R. PATRICK**
 STREET ADDRESS **2801 PARRAMORE SIDORES RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
 NAME **EVELYN WEST**
 STREET ADDRESS **22534 FRANCIS WAY**
 CITY-ST-ZIP **TALL FLA 32310**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001 850576-8633

Date

Daytime Phone #

CR2E037 (10/00)