


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90010 015 ****61.25

DOCUMENT # 763617

1. Entity Name
PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
22534 FRANCIS WAY TALLAHASSEE, FL 32310 US

Mailing Address
22534 FRANCIS WAY TALLAHASSEE, FL 32310 US

2. Principal Place of Business
201 644 Capital Cir NE

3. Mailing Address
PO Box 13089

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32301 Country
Leon

Zip
32317 Country
Leon



04072004 Chg-NP CR2E037 (10/03)

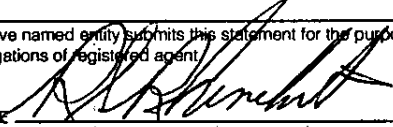
4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
Robert S. Rhinehart Jr, CAM
 Street Address (P.O. Box Number is Not Acceptable)
644 Capital Circle NE
 City
Tallahassee FL Zip Code
32301

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE  **Robert S. Rhinehart Jr, CAM** 5/20/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

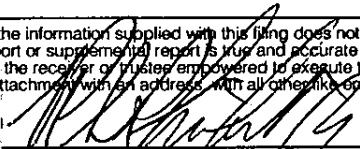
Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, JAMES P.O. BOX 3832 N/A TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVELING, ARTHUR 2762 PARRAMORE SHORES RD TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Aveling, Arthur <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2762 Parramore Shores Rd Tallahassee FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEST, EVELYN 22534 FRANCIS WAY TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sanderson, Leta <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22509 Frances Way Tallahassee FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, EVELYN 22534 FRANCES WAY TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD West, Evelyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22534 Frances Way Tallahassee FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD maribeth Jones <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2801 Parramore Shores Rd Tallahassee FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Meek <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2877 Parramore Shores Rd Tallahassee FL 32310

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:  **Robert S. Rhinehart Jr, CAM** 5/20/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **878-3134**