


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90094 028 \*\*\*\*61.25

<b>DOCUMENT # 763617</b>			
1. Entity Name <b>PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301 US</b>		Mailing Address <b>PO BOX 13089 TALLAHASSEE, FL 32317 US</b>	
2. Principal Place of Business <b>2877 PARRAMORE</b>		3. Mailing Address <b>2877 PARRAMORE SHORES RD.</b>	
Suite, Apt. #, etc. <b>SHORES RD.</b>		Suite, Apt. #, etc.	
City & State <b>TALLAHASSEE</b>		City & State <b>TALLAHASSEE</b>	
Zip <b>32310</b>	Country <b>LEON</b>	Zip <b>32310</b>	Country <b>LEON</b>
6. Name and Address of Current Registered Agent <b>RHINEHART, ROBERT CAM 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>PHILIP JOHN MOOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2877 PARRAMORE SHORES RD.</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32310</b>	
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 <b>Philip John Mook</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-19-06</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AVELING, ARTHUR 2762 PARRAMORE SHORES RD TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD AVELING, ARTHUR 2762 PARRAMORE SHORES RD. TALLAHASSEE, FL 32310</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SANDERSON, LETA 22509 FRANCES WAY TALLAHASSEE, FL 32310</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MOOK, RACHAEL 2877 PARRAMORE SHORES RD TALLAHASSEE FL 32310</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WEST, EVELYN 22534 FRANCES WAY TALLAHASSEE, FL 32310</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RONALD FRYDRYCHOWSKI 385 SHAMROCK ST. NORTH TALLAHASSEE FL 32310</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JONES, MARIBETH 2801 PARRAMORE SHORES RD TALLAHASSEE, FL 32310</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCOTT, SUSAN 22550 FRANCES WAY TALLAHASSEE FL 32310</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOOK, JOHN 2877 PARRAMORE SHORES RD TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOOK, JOHN 2877 PARRAMORE SHORES RD TALLAHASSEE FL 32310</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIEDMAN, MARC D. 1351 AENON CHURCH RD. TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Rachael P Mook</b>		SIGNATURE: <b>MARC D. FRIEDMAN</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
		DATE <b>4-19-06</b>	
		DAYTIME PHONE # <b>(850) 574-4441</b>	

ATTACHMENT

40055997  
#763617

John & Rachael Mook  
2877 Parramore Shores Rd.  
Tallahassee, FI 32310

Marc D Friedman  
1351 Aeon Church Rd  
Tallahassee, FI 32304

~~██████████~~ Arthur Aveling  
2762 Parramore Shores Rd  
Tallahassee, FI 32310

Ronald ~~██████████~~ Frydrychowski  
385 Shamrock St., North  
Tallahassee, FI 32310

Susan Scott  
22550 Frances Way  
Tallahassee, FI 32310

\* Please use in case  
you need VERIFICATION  
of spelling -

JCS -  
J. Mook