


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 003 ****61.25

DOCUMENT # 763617					
1. Entity Name PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2877 PARRAMORE TALLAHASSEE, FL 32310 US			Mailing Address 2877 PARRAMORE TALLAHASSEE, FL 32310 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOOK, PHILIP J 2877 PARRAMORE SHORES RD. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVELING, ARTHUR		NAME		
STREET ADDRESS	2762 PARRAMORE SHORES RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change
NAME	FRYDRYCHOWSKI, RONALD		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	385 SHAMROCK ST. NORTH		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	SCOTT, SUSAN		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	22550 FRANCES WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME	FRIEDMAN, MARC D		NAME	Bob Smith	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	1351 AENON CHURCH RD.		STREET ADDRESS	2735 DEBORAH DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	MOOK, JOHN		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	2877 PARRAMORE SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change
NAME	MOOK, RACHAEL		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	2877 PARRAMORE SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
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: Rachael P Mook, Treas.		4-12-07		850-574-4441	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

