


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90053 031 \*\*\*\*61.25

**DOCUMENT # 763617**

1. Entity Name  
**PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, I NC.**



Principal Place of Business      Mailing Address

**22534 FRANCIS WAY**      **22534 FRANCIS WAY**  
**TALLAHASSEE FL 32310**      **TALLAHASSEE FL 32310**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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

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 *Evelyn West Evelyn West*      8-18-03  
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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BURKE, JAMES</b>	
STREET ADDRESS	<b>P.O. BOX 3832 N/A</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>AVELING, ARTHUR</b>	
STREET ADDRESS	<b>2762 PARRAMORE SHORES RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, EVELYN</b>	
STREET ADDRESS	<b>22534 FRANCIS WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, EVELYN</b>	
STREET ADDRESS	<b>22534 FRANCES WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
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 Evelyn West*      8-18-03      850  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE      576-2632

CFR2E037 (4/03)