

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000703

1. Corporation Name
PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business: 6504 NORTH MERIDIAN ROAD, TALLAHASSEE FL 32312
 Mailing Address: 6504 NORTH MERIDIAN ROAD, TALLAHASSEE FL 32312

2. Principal Place of Business
 21 *Paremore Community Assn*
 22 *6504 North Meridian*
 23 *Tallahassee Leon Fla*
 24 *32312* 25 *Leon*

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 DIVISION OF STATE
 TALLAHASSEE, FLORIDA



3. Date incorporated or Qualified: 02/06/1998
 4. FEI Number: Applied For, Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: WILSON, KERLEEN DICKEY, 3736 NORTH MERIDIAN ROAD, TALLAHASSEE FL 32312
 10. Name and Address of New Registered Agent: 81 Name: *Sam*, 82 Street Address, 83, 84 City: *FL*, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP/D	NAME: <i>Vicki Henderson</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <i>200 China Doller</i>	CITY-ST-ZIP: <i>Tallahassee FL 32303</i>	1.2 NAME	
CITY-ST-ZIP: <i>Henderson</i>		1.3 STREET ADDRESS	
TITLE: PD	NAME: <i>William Foutz</i>	1.4 CITY-ST-ZIP: <i>nnnnnn2950520--3</i>	
STREET ADDRESS: <i>6504 North Meridian Rd</i>	CITY-ST-ZIP: <i>Tallahassee FL 32303</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <i>Tallahassee</i>		2.2 NAME	
TITLE: TD	NAME: <i>Willie Dickey</i>	2.3 STREET ADDRESS	<i>-08/04/99--01001</i>
STREET ADDRESS: <i>Rt 1 Box 106</i>	CITY-ST-ZIP: <i>Tallahassee FL 32312</i>	2.4 CITY-ST-ZIP	<i>*****61.25 *****61.25</i>
CITY-ST-ZIP: <i>Tallahassee</i>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	3.2 NAME	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.3 STREET ADDRESS	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME	
CITY-ST-ZIP: _____		4.3 STREET ADDRESS	
TITLE: _____	NAME: _____	4.4 CITY-ST-ZIP	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: _____		5.2 NAME	
TITLE: _____	NAME: _____	5.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP	
CITY-ST-ZIP: _____		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	6.2 NAME	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vicki Henderson* 7-27-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000700

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