



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 MAY 10 PM 1:36

<b>DOCUMENT # N98000000703</b> 1. Entity Name <b>PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC.</b>	
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Principal Place of Business 6504 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312	Mailing Address 6736 NORTH MERIDIAN RD TALLAHASSEE, FL 32312
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2. Principal Place of Business	3. Mailing Address	05102004 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
WILSON, KERLEEN DICKEY F 6736 NORTH MERIDIAN RD TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	DVP HENDERSON, ROOSEVELT <input type="checkbox"/> Delete
NAME	200 CHINA DOLL DR.
STREET ADDRESS	TALLAHASSEE, FL 32303
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete
NAME	FOUTZ, WILLIAM REV
STREET ADDRESS	6504 N. MERIDIAN RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	DT <input type="checkbox"/> Delete
NAME	DICKEY, WILLIE
STREET ADDRESS	9015 NO. MERIDAIN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, LUCIAN JR
STREET ADDRESS	6736 NO. MERIDIAN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DS <input type="checkbox"/> Delete
NAME	WILSON, KERLEEN F D
STREET ADDRESS	6736 NO. MERIDIAN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
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	<b>000037026850</b>
STREET ADDRESS	05/24/04--01017--017 **61.25
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: *Rose Henderson* 5/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #