

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 23 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9800000703
1. Entity Name
PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC.



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

Mailing Address
6736 NORTH MERIDIAN RD
TALLAHASSEE, FL 32312

2. Principal Place of Business
6504 N. Meridian Rd
TALLAHASSEE

3. Mailing Address
6504 N. Meridian Rd
TALLAHASSEE

City & State
FLORIDA

City & State
FLORIDA

Zip
32312

Country
LEON

Zip
32312

Country
LEON

6. Name and Address of Current Registered Agent
WILSON, KERLEEN DICKEY F
6736 NORTH MERIDIAN RD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent
Name: Rev. William Foutz Sr.
Street Address (P.O. Box Number is Not Acceptable):
6504 N. Meridian Rd.
City: Tallahassee FL Zip Code: 32312

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: Rev. William Foutz Sr. Date: 8-23-06

Filing Fee is \$61.25 Due by September 6, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENDERSON, ROOSEVELT 200 CHINA DOLL DR. TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500079216335 08/29/06--01023--024 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOUTZ, WILLIAM REV 6504 N. MERIDIAN RD. TALLAHASSEE, FL 32302	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DICKEY, WILLIE 9015 NO. MERIDAIN RD TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LUCIAN JR 6736 NO. MERIDIAN RD TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, KERLEEN F D 6736 NO. MERIDIAN RD TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Rev. William Foutz Sr. Date: 8-23-06 Daytime Phone #: 850 321-9511



48072006 Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required