

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000703

FILED
Oct 08, 2007
Secretary of State

Entity Name: PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

6504 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

6736 NORTH MERIDIAN RD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOUTZ, WILLIAM SR
6504 N. MERIDAIN RD.
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

WILSON, KERLEEN D
6736 N. MERIDAIN RD.
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: KERLEEN D. WILSON

10/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: HENDERSON, ROOSEVELT
Address: 200 CHINA DOLL DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: FOUTZ, WILLIAM REV
Address: 6504 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32302

Title: DT () Delete
Name: DICKEY, WILLIE
Address: 9015 NO. MERIDAIN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: WILSON, LUCIAN JR
Address: 6736 NO. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: WILSON, KERLEEN F D
Address: 6736 NO. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: WILSON, KERLEEN D
Address: 6736 NO. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIAN WILSON JR.

D

10/08/2007

Electronic Signature of Signing Officer or Director

Date