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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 763617 (8)

1. Corporation Name
PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2751 DEBORAH DRIVE TALLAHASSEE FL 32310 US **2751 DEBORAH DRIVE TALLAHASSEE FL 32310-2466 US**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/08/1982	07/08/1996
4. FEI Number	Applied For
NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ALFORD, JUNE
2751 DEBORAH DRIVE
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKE, JAMES	
STREET ADDRESS	P.O. BOX 3832 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLEMAN, JAMES	
STREET ADDRESS	HC 1, BOX 3500-G	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALFORD, JUNE	
STREET ADDRESS	2751 DEBORAH DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1,2 NAME	
1,3 STREET ADDRESS	
1,4 CITY-ST-ZIP	
2,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2,2 NAME	
2,3 STREET ADDRESS	
2,4 CITY-ST-ZIP	
3,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3,2 NAME	
3,3 STREET ADDRESS	
3,4 CITY-ST-ZIP	
4,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4,2 NAME	
4,3 STREET ADDRESS	
4,4 CITY-ST-ZIP	
5,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5,2 NAME	
5,3 STREET ADDRESS	
5,4 CITY-ST-ZIP	
6,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6,2 NAME	
6,3 STREET ADDRESS	
6,4 CITY-ST-ZIP	

14. I do 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.

Signature of June Alford

CR2E037 (9/96)