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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 763617 (8)  
1. Corporation Name  
PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business: 22534 Frances Way, Tallahassee FL 32310  
Mailing Address: 2751 Deborah Drive, Tallahassee FL 32310

2. Principal Place of Business: 22534 Frances Way, Tallahassee, FL 32310  
2a. Mailing Address: 2751 Deborah Drive, Tallahassee, FL 32310  
21-24: Address details (Suite, City, State, Zip, Country)

3. Date Incorporated or Qualified: 06/08/1982  
4. FEI Number: NOT APPLICABLE  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] 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: EVELYN WEST, 22534 FRANCES WAY, TALLAHASSEE FL 32310

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: Evelyn West Evelyn West Sec. DATE: 5-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BURKE, JAMES	1.2 NAME	
STREET ADDRESS	P.O. BOX 3832 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VP
NAME	COLEMAN, JAMES	2.2 NAME	Arthur Aveling
STREET ADDRESS	HC 1, BOX 3500-G	2.3 STREET ADDRESS	2762 Paramore Shores Rd
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALL FLA 32310
TITLE	STD	3.1 TITLE	TD
NAME	ALFORD, JUNE	3.2 NAME	R Patrick McElveen
STREET ADDRESS	2751 DEBORAH DRIVE	3.3 STREET ADDRESS	2801 Paramore Shores Rd
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALL FLA 32310
TITLE		4.1 TITLE	SD
NAME		4.2 NAME	Evelyn West
STREET ADDRESS		4.3 STREET ADDRESS	22534 Frances Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TALL FLA 32310
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	100002554761
STREET ADDRESS		6.3 STREET ADDRESS	-06/10/98-01056-005
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

100002554761  
-06/10/98-01056-005  
\*\*\*61.25

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.

SIGNATURE: Evelyn West Evelyn West DATE: MAY 27 1998 576-8433

CP25087 (10/97)