
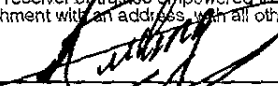


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 763617					
1. Entity Name PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301 US		Mailing Address PO BOX 13089 TALLAHASSEE FL 32317 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RHINEHART, ROBERT CAM 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVELING, ARTHUR		NAME		
STREET ADDRESS	2762 PARRAMORE SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERSON, LETA		NAME		
STREET ADDRESS	22509 FRANCES WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, EVELYN		NAME		
STREET ADDRESS	22534 FRANCES WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, MARIBETH		NAME		
STREET ADDRESS	2801 PARRAMORE SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOOK, JOHN		NAME		
STREET ADDRESS	2877 PARRAMORE SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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:				ARTHUR AVELING	
				4-26-05	
				8777650	
				Daytime Phone #	



1st MOORE CR2E037 (10/04)

Applied For  
 Not Applicable

**\$8.75 Additional Fee Required**

**FL**

U00000343776  
 04/29/05-80108-011 61.25