

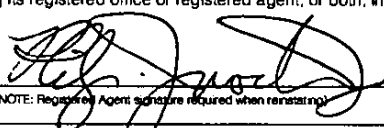



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 028 ****61.25

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 2877 PARRAMORE Suite, Apt. #, etc. SHORES RD.		3. Mailing Address 2877 PARRAMORE SHORES RD. Suite, Apt. #, etc.			
City & State TALLAHASSEE		City & State TALLAHASSEE		4. FEI Number NOT APPLICABLE	
Zip 32310		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Philip John Mook Street Address (P.O. Box Number is Not Acceptable) 2877 PARRAMORE SHORES RD. City TALLAHASSEE FL Zip Code 32310	
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 Philip John Mook  4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD AVELING, ARTHUR 2762 PARRAMORE SHORES RD TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVELING, ARTHUR 2762 PARRAMORE SHORES RD. TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERSON, LETA 22509 FRANCES WAY TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOOK, RACHAEL 2877 PARRAMORE SHORES RD TALLAHASSEE FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEST, EVELYN 22534 FRANCES WAY TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RONALD FRYDRYCHOWSKI 385 SHAMROCK ST. NORTH TALLAHASSEE FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, MARIBETH 2801 PARRAMORE SHORES RD TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SUSAN 22550 FRANCES WAY TALLAHASSEE FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOK, JOHN 2877 PARRAMORE SHORES RD TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOOK, JOHN 2877 PARRAMORE SHORES RD TALLAHASSEE FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, MARC D. 1351 AENON CHURCH RD. TALLAHASSEE, FL 32304	<input type="checkbox"/> Change <input checked="" 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: Rachael P Mook  574-4441 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40055997
#763617

John & Rachael Mook
2877 Parramore Shores Rd.
Tallahassee, FL 32310

Marc D Friedman
1351 Aeon Church Rd
Tallahassee, FL 32304

~~██████████~~ Arthur Aveling
2762 Parramore Shores Rd
Tallahassee, FL 32310

Ronald ~~██████████~~ Frydrychowski
385 Shamrock St., North
Tallahassee, FL 32310

Susan Scott
22550 Frances Way
Tallahassee, FL 32310

* Please use in case
you need verification
of spelling -

T/KS -
J. Mook