


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # 763617**

1. Entity Name  
**PARRAMORE SHORES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2877 PARRAMORE  TALLAHASSEE, FL 32310 US</b>	Mailing Address <b>2877 PARRAMORE  TALLAHASSEE, FL 32310 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOOK, PHILIP J  
2877 PARRAMORE SHORES RD.  
TALLAHASSEE, FL 32310**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000816605  
02/14/08-80057-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVELING, ARTHUR 2762 PARRAMORE SHORES RD. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRYDRYCHOWSKI, RONALD 385 SHAMROCK ST. NORTH TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SUSAN 22550 FRANCES WAY TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BOB 2735 DEBORAH DR TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOOK, JOHN 2877 PARRAMORE SHORES RD TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOOK, RACHAEL 2877 PARRAMORE SHORES RD TALLAHASSEE, FL 32310

**DO NOT WRITE IN THIS SPACE**

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 Treasurer* **2-4-08** **850-574-4441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #