

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000703

1. Corporation Name

PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business

6504 NORTH MERIDIAN ROAD  
TALLAHASSEE FL 32312

Mailing Address

6504 NORTH MERIDIAN ROAD  
TALLAHASSEE FL 32312

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Paremore Community Homeowners' Association Inc. Suite, Apt. #, etc.	2a. Mailing Address 21 Paremore Community Homeowners' Association Inc. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/06/1998
22 City & State 23 Tallahassee Leon Fla	27 City & State 28 Tallahassee Leon Fla	4. FEI Number 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32312 25 Leon	29 32312 30 Leon	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILSON, KERLEEN DICKEY  
3736 NORTH MERIDIAN ROAD  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP/D	NAME Vincent Henderson	1.1 TITLE	1.2 NAME
STREET ADDRESS 200 China Doller	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 CITY-ST-ZIP
CITY-ST-ZIP Tallahassee FL 32312	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
TITLE PD	NAME William Foutz	2.4 CITY-ST-ZIP	3.1 TITLE
STREET ADDRESS 6504 North Meridian Rd	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP Tallahassee FL 32312	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
TITLE TD	NAME Willie Dickey	4.4 CITY-ST-ZIP	5.1 TITLE
STREET ADDRESS Rt 1 Box 106	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP Tallahassee FL 32312	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
TITLE	6.4 CITY-ST-ZIP	7.1 TITLE	7.2 NAME
NAME	7.3 STREET ADDRESS	7.4 CITY-ST-ZIP	8.1 TITLE
STREET ADDRESS	8.2 NAME	8.3 STREET ADDRESS	8.4 CITY-ST-ZIP
CITY-ST-ZIP	8.5 CITY-ST-ZIP	9.1 TITLE	9.2 NAME
	9.3 STREET ADDRESS	9.4 CITY-ST-ZIP	10.1 TITLE
	10.2 NAME	10.3 STREET ADDRESS	10.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Vincent Henderson

7-27-99

Date

Daytime Phone #

0000700

CR2E037 (5/99)