

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000703

1. Entity Name
PAREMORE COMMUNITY HOMEOWNERS'
ASSOCIATION INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 MAY 10 PM 1:36

Principal Place of Business
6504 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

Mailing Address
6736 NORTH MERIDIAN RD
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, KERLEEN DICKEY F
6736 NORTH MERIDIAN RD
TALLAHASSEE, FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DVP ☐ Delete
NAME HENDERSON, ROOSEVELT
STREET ADDRESS 200 CHINA DOLL DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE P ☐ Delete
NAME FOUTZ, WILLIAM REV
STREET ADDRESS 6504 N. MERIDIAN RD.
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE DT ☐ Delete
NAME DICKEY, WILLIE
STREET ADDRESS 9015 NO. MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete
NAME WILSON, LUCIAN JR
STREET ADDRESS 6736 NO. MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DS ☐ Delete
NAME WILSON, KERLEEN F D
STREET ADDRESS 6736 NO. MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000037026850
CITY-ST-ZIP 05/24/04--01017--017 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/04