



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 23 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N98000000703</b> 1. Entity Name <b>PAREMORE COMMUNITY HOMEOWNERS' ASSOCIATION INC.</b>					
Principal Place of Business <b>6504 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312</b>			Mailing Address <b>6736 NORTH MERIDIAN RD TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business <b>6504 N. Meridian Rd Tallahassee</b>		3. Mailing Address <b>6504 N. Meridian Rd Tallahassee</b>			
Suite, Apt. #, etc. <b>Tallahassee</b>		Suite, Apt. #, etc. <b>Tallahassee</b>		4. FEI Number <b>NOT APPLICABLE</b>	
City & State <b>FLORIDA</b>		City & State <b>FLORIDA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32312</b>	Country <b>LEON</b>	Zip <b>32312</b>	Country <b>LEON</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, KERLEEN DICKEY F 6736 NORTH MERIDIAN RD TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name <b>Rev. William Foutz Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6504 N. Meridian Rd.</b> City <b>Tallahassee</b> FL <b>32312</b>	
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 <b>Rev. William Foutz Sr.</b> <i>[Signature]</i> <b>8-23-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENDERSON, ROOSEVELT 200 CHINA DOLL DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500079216335 08/29/06--01023--024 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOUTZ, WILLIAM REV 6504 N. MERIDIAN RD. TALLAHASSEE, FL 32302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DICKEY, WILLIE 9015 NO. MERIDAIN RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LUCIAN JR 6736 NO. MERIDIAN RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, KERLEEN F D 6736 NO. MERIDIAN RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <b>Rev. William Foutz Sr.</b> <i>[Signature]</i> <b>8-23-06</b> <b>850 321-9551</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					