


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002181
1. Entity Name
PANTHER RUN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business _____ Mailing Address _____
2502 LAND O'LAKES BLVD. 2502 LAND O'LAKES BLVD.
LANDO'LAKES, FL 34639 LANDO'LAKES, FL 34639

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09142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3638467 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ADAMS, MUAREEN M.
2502 LAND O'LAKES BLVD.
LANDO'LAKES, FL 34639

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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: *Maureen M. Adams* DATE: *9/14/04*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U00000172384
09/17/04-80007-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, MAUREEN M 3420 LAKE PADGETT DR. LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, C. RUSSELL 3420 LAKE PADGETT DR. LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CODY R 18709 YOCAM AVE. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MARY M 3420 LAKE PADGETT DR. LANDO'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Maureen M. Adams* DATE: *9/14/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #