

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002181**

1. Entity Name

PANTHER RUN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2502 LAND O'LAKES BLVD.  
LANDO'LAKES, FL 34639

Mailing Address

2502 LAND O'LAKES BLVD.  
LANDO'LAKES, FL 34639



04132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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

*Maureen M. Adams*

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

(NOTE: Registered Agent signature required when reinstating)

*4/13/05*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ADAMS, MAUREEN M  
STREET ADDRESS 3420 LAKE PADGETT DR.  
CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE STD  
NAME ADAMS, C. RUSSELL  
STREET ADDRESS 3420 LAKE PADGETT DR.  
CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE D  
NAME ADAMS, CODY R  
STREET ADDRESS 18709 YOCAM AVE.  
CITY-ST-ZIP LUTZ, FL 33549

TITLE D  
NAME ADAMS, MARY M  
STREET ADDRESS 3420 LAKE PADGETT DR.  
CITY-ST-ZIP LANDO'LAKES, FL 34639

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000311843  
04/18/05-80062-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/05*

Date

Daytime Phone #