

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 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



03222006 No Chg-NP

CR2E037 (11/05)

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

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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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000533983
05/06/06-80143-020 61.25

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

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IN THIS SPACE**

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:

Maureen M. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2006
DATE

813 996 4290
Daytime Phone #