

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2008
Secretary of State**

DOCUMENT# N00000002181

Entity Name: PANTHER RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3638467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MUAREEN M
2502 LAND O'LAKES BLVD.
LANDO'LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, MAUREEN M
Address: 3420 LAKE PADGETT DR.
City-St-Zip: LAND O'LAKES, FL 34639

Title: STD () Delete
Name: ADAMS, C. RUSSELL
Address: 3420 LAKE PADGETT DR.
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: ADAMS, CODY R
Address: 18709 YOCAM AVE.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: ADAMS, MARY M
Address: 3420 LAKE PADGETT DR.
City-St-Zip: LANDO'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CODY R ADAMS

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date