

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90282 019 ****61.25

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3638467	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, MAUREEN M	
STREET ADDRESS	3420 LAKE PADGETT DR.	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, C. RUSSELL	
STREET ADDRESS	3420 LAKE PADGETT DR.	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, CODY R	
STREET ADDRESS	18709 YOCAM AVE.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, MARY M	
STREET ADDRESS	3420 LAKE PADGETT DR.	
CITY-ST-ZIP	LANDO'LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE: *Maureen M Adams*

Aug 8, 2003

CR2E037 (4/03)