FILED
Aug 13, 2008 8:00 am
Secretary of State
08-13-2008 90002 040 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000003030

1. Entity Name
PANTHER TRACE TOWNHOMES 2 ASSOCIATION, INC.

40113391

Principal Place of Business	Mailing Address
5100 W. LEMON ST., SUITE 312 TAMPA, FL 33609	5100 W. LEMON ST., SUITE 312 TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2002 NORTH LOIS STREET	2002 NORTH LOIS STREET
Suite, Apt. #, etc. SUITE 507	Suite, Apt. #, etc. SUITE 507
City & State TAMPA FL	City & State TAMPA FL
Zip: 33607 / Country: US	Zip: 33607 / Country: US

07242008 Chg-NP CR2E037 (12/06)

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLOSSER, RICHARD A ESQ. 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602	Name: ROLAND, DOUGLAS C., ESQ. Street Address (P.O. Box Number is Not Acceptable): 500 E. KENNEDY BLVD., SUITE 200 City: TAMPA FL Zip Code: 33602

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] 07-23-08
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 September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELAEZ, MAURICE 101 N. FIG TREE LANE PLANTATION FL 33317 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UELLENDAHL, SVEN D. 19730 GRANDVIEW TERRACE JUPITER FL 33548 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, ED 7401 N. 56TH ST., SUITE 480 TAMPA FL 33617 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

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: [signature] 07-23-08 813-223-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #