

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 17, 2004 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**



09142004 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**

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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

Maureen M. Adams

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

(NOTE: Registered Agent signature required when reinstating)

9/14/04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

U000000172384
09/17/04-80007-015 \$1.25

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 exemption stated in Section 119.07(3)(f), 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

9/14/04

Date

Daytime Phone #