2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000002599

1. Entity Name



Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90096 002 ****61.25

FILED

GRAND OAKS AT PANTHER RIDGE HOMEOWNER'S ASSOCIATION, INC.												
Principal Place of Business 2B48 PROCTOR ROAD 2848 PROCTOR ROAD SARASOTA, FL 34231 SARASOTA, FL 34231								! NEW TO AT !	TI) BOTI BUTI \$801 BUT			m n se
2. Principal Place of Business 3. Mail				ailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03222006	Chg-NP	CR2E037	(11/05)	
City & State			Cit	City & State				4. FEI Number 65-1045033			No	plied For Applicable
Zip	Country				intry	5. Certificate of Status Desired Security Securi						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
MILLER MANAGEMENT SERVICES, INC. 2848 PROCTOR ROAD SARASOTA, FL 34231						Street Address (P.O. Box Number is Not Acceptable)						
					City			<u></u>		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 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent asgneture required when renatisting) DATE												
Filing Fee is \$61.25 Due by May 1, 2006				Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State					
10.	l so	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE			10 Addition
NAME STREET ADDRESS CITY-ST-ZIP		T, TERRI I'H STREET EAST I'ON, FL 34211		☐ Delete						'	Change	CADURAGII
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEGGE-W 22507 761	/HITAKER, CHRIS I'H AVENUE E I'ON, FL 34211		☐ Delete						I	Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRI HUlbert

0406.06

941/923-5811