2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # N00000002599** 04-27-2007 90216 013 ****61.25 GRAND OAKS AT PANTHER RIDGE HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 2848 PROCTOR ROAD 2848 PROCTOR ROAD SARASOTA, FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 65-1045033 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Hame and Address of New Registered Agent 5. Name and Address of Current Registered Agent MILLER MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2848 PROCTOR ROAD SARASOTA, FL 34231 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 Signature, typed or printed name of registered agent and title if applicable Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Départment of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete Chance Addition JOHNSON, WILLIAM HULBERT, TERRI NAME NAME 22502 76th Avenue F. 7403 226TH STREET EAST STREET ANDRESS STREET ADDRESS BRADENTON, FL 34211 CHY-ST-ZIP Bradenton, FL 34202 CITY-ST-ZIP VD ☐ Delcte TITLE Change Change ☐ Addition TITLE LEGGE-WHITAKER, CHRIS NAME NAME STREET ADDRESS STREET ADDRESS 22507 76TH AVENUE E. CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34211 Delete Addition STD TITLE ☐ Change TITLE WEBER, KELLI NAME NAME 22415 76TH AVE., EAST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34211 CITY-ST-7IP CUY-ST-ZIP Delete RILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF Change TITLE ☐ Delete TILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of 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. Chris Legge, President

FILED

Christin R Seggr, PRESIDENT

SIGNATURE: