

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90063 045 ****61.25

DOCUMENT # N00000002599 1. Entity Name GRAND OAKS AT PANTHER RIDGE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 2848 PROCTOR ROAD SARASOTA, FL 34231	Mailing Address 2848 PROCTOR ROAD SARASOTA, FL 34231
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04082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1045033	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER MANAGEMENT SERVICES, INC. 2848 PROCTOR ROAD SARASOTA, FL 34231

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEGGE-WHITAKER, CHRIS 22507 76TH AVENUE E BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEBER, KELLI 22415 76TH AVE., EAST BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD JOHNSON, WILLIAM 22502 76TH AVENUE F. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: *William Johnson* William Johnson, Vice President, 08 (941) 923-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #