2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004256

FILED Apr 12, 2005 Secretary of State

Entity Name: PANTHER TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3434 COLWELL AVE 3974 TAMPA ROAD

200 SUITE B

TAMPA, FL 33614 OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

3434 COLWELL AVE P.O. BOX 2157

200 OLDSMAR, FL 34677 TAMPA, FL 33614

FEI Number: 41-2085637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, PETE HANSON, JACK B 3434 COLWELL AVE 3974 TAMPA ROAD

200 SUITE B

TAMPA, FL 33614 US OLDSMAR, FL 34677 US

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.

SIGNATURE: JACK B HANSON 04/12/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 UELLENDAHL, SVEN D
 Name:

 Address:
 19730 GRANDVIEW TERRACE
 Address:

City-St-Zip: JUPITER, FL 33458 City-St-Zip:

Title: VD () Delete Title: VPD (X) Change () Addition

Name: ANDREWS, ED Name: ANDREWS, ED

Address: 7402 N. 56TH STREET SUITE 480 Address: 7402 N. 56TH STREET SUITE 480

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617

Title: STD () Delete Title: () Change () Addition

 Name:
 PELAEZ, MAURICE
 Name:

 Address:
 101 N FIG TREE LANE
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK B HANSON AGEN 04/12/2005

Electronic Signature of Signing Officer or Director

Date