

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004256

FILED
Apr 14, 2006
Secretary of State

Entity Name: PANTHER TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677

New Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

P.O. BOX1418
PALM HARBOR, FL 34682

FEI Number: 41-2085637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B
3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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

04/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UELLEND AHL, SVEN D
Address: 19730 GRANDVIEW TERRACE
City-St-Zip: JUPITER, FL 33458

Title: VPD () Delete
Name: ANDREWS, ED
Address: 7402 N. 56TH STREET SUITE 480
City-St-Zip: TAMPA, FL 33617

Title: STD () Delete
Name: PELAEZ, MAURICE
Address: 101 N FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENS, JUDY
Address: 12303 ADVENTURE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD (X) Change () Addition
Name: BARKER, RUSS
Address: 12505 SAFARI LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD (X) Change () Addition
Name: BELLINGER, CAROLYN
Address: 12533 BURGESS HILL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Change (X) Addition
Name: DOLAN, CHRIS
Address: 12633 BRAMFIELD DR
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/14/2006

Electronic Signature of Signing Officer or Director

Date