

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 018 ****61.25

DOCUMENT # N02000004256

1. Entity Name
PANTHER TRACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1463 OAKFIELD DR.
STE 142
BRANDON, FL 33511**

Mailing Address
**PO BOX 6235
BRANDON, FL 33508**

40037000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

41-2085637

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANKEL, ROBERT PA
1022 MAIN ST. SUITE D
DUNEDIN, FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, MARGARET	
STREET ADDRESS	12302 ADVENTURE DR.	
CITY - ST - ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MELISSA	
STREET ADDRESS	12719 STANBRIDGE DR.	
CITY - ST - ZIP	RIVERVIEW, FL 33569	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELLINGER, CAROLYN	
STREET ADDRESS	12533 BURGESS HILL DR	
CITY - ST - ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOUMANIS, NICHOLAS	
STREET ADDRESS	12520 BURGESS HILL DR.	
CITY - ST - ZIP	RIVERVIEW, FL 33569	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HILL, ROBERT	
STREET ADDRESS	10810 NEWBRIDGE DR.	
CITY - ST - ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Margaret	
STREET ADDRESS	12302 Adventure Dr.	
CITY - ST - ZIP	Riverview, FL 33579	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vercruysse, Curt	
STREET ADDRESS	11004 Newbridge Dr.	
CITY - ST - ZIP	Riverview, FL 33579	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellinger, Carolyn	
STREET ADDRESS	12533 Burgess Hill Dr.	
CITY - ST - ZIP	Riverview, FL 33579	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, Stacey	
STREET ADDRESS	12229 Adventure Dr.	
CITY - ST - ZIP	Riverview, FL 33579	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grinage, Patrick	
STREET ADDRESS	10604 Navigation Dr.	
CITY - ST - ZIP	Riverview, FL 33579	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, LaTara	
STREET ADDRESS	12220 Adventure Dr.	
CITY - ST - ZIP	Riverview, FL 33579	

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:


Curt Vercruysse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/08
Date

813-495-6200
Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N02000004256 1. Entity Name PANTHER TRACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1463 OAKFIELD DR. STE 142 BRANDON, FL 33511				Mailing Address PO BOX 6235 BRANDON, FL 33508	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2085637	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TANKEL, ROBERT PA 1022 MAIN ST. SUITE D DUNEDIN, FL 34698				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, MARGARET		NAME	Stevens, Judy	
STREET ADDRESS	12302 ADVENTURE DR.		STREET ADDRESS	12303 Adventure Dr.	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33579	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MELISSA		NAME		
STREET ADDRESS	12719 STANBRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINGER, CAROLYN		NAME		
STREET ADDRESS	12533 BURGESS HILL DR		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUIMANIS, NICHOLAS		NAME		
STREET ADDRESS	12520 BURGESS HILL DR.		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT		NAME		
STREET ADDRESS	10810 NEWBRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Curt Verduyse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/08 813-495-6207 <small>Date Daytime Phone #</small>		

40057883