

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004256

FILED
Mar 09, 2009
Secretary of State

Entity Name: PANTHER TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1463 OAKFIELD DR.
STE 142
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

PO BOX 6235
BRANDON, FL 33508

New Mailing Address:

FEI Number: 41-2085637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROBERTS, MARGARET
Address: 12302 ADVENTURE DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: P () Delete
Name: VERCRUYSE, CURT
Address: 11004 NEWBRIDGE DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Delete
Name: BELLINGER, CAROLYN
Address: 12533 BURGESS HILL DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: S () Delete
Name: WATSON, STACEY
Address: 12229 ADVENTURE DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: T () Delete
Name: GRINGE, PATRICK
Address: 10604 NAVIGATION DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: D (X) Delete
Name: TAYLOR, LATARA
Address: 12220 ADVENTURE DR
City-St-Zip: RIVERVIEW, FL 33579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEVENS, JUDY
Address: 12303 ADVENTURE DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CURT VERCRUYSE

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date