AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED 04-16-2004 90079 014 ****61.25
N03000002478

DOCUMENT # N03000002478

04 APR 23 AM 10:57

TALLAHASSEE, FLORIDA

94052987

1. Entity Name
PANTHER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5367 ORTEGA BOULEVARD JACKSONVILLE, FL 32210	POST OFFICE BOX 23518 JACKSONVILLE, FL 32241-3518

04012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
S C 920 3RD ST., STE B NEPTUNE BEACH, FL 32266	920 3RD ST., STE B NEPTUNE BEACH, FL 32266
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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
KENT, FREDERICK H 225 WATER STREET SUITE 900 JACKSONVILLE, FL 32202	Name Street WALLACE, L. DENISE 920 3RD ST., STE B City NEPTUNE BCH, FL 32266

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 L. Denise Wallace 4-12-04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD CURLEY, R. KENT 5367 ORTEGA BOULEVARD JACKSONVILLE, FL 32210	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD BOYD, WILLIAM E 5367 ORTEGA BOULEVARD JACKSONVILLE, FL 32210	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD BOYD, CHARLES T III 5367 ORTEGA BOULEVARD JACKSONVILLE, FL 32210	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 4/6/04 (904) 389-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #