


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90051 021 \*\*\*\*61.25

<b>DOCUMENT # N05000001615</b>	
1. Entity Name <b>PANTHER TRACE VILLAS ASSOCIATION, INC.</b>	

Principal Place of Business <b>5100 WEST LEMON STREET STE 306 TAMPA, FL 33609</b>	Mailing Address <b>5100 WEST LEMON STREET STE 306 TAMPA, FL 33609</b>
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2. Principal Place of Business - No P.O. Box # <b>1463 Oakfield Dr.</b>	3. Mailing Address <b>McNeil mgmt Svcs Inc</b>
Suite, Apt. #, etc. <b>Ste. 142</b>	Suite, Apt. #, etc. <b>Po Box 6235</b>
City & State <b>Brandon FL</b>	City & State <b>Brandon FL</b>
Zip <b>33511</b>	Zip <b>33508-6004</b>
Country <b>US</b>	Country <b>US</b>

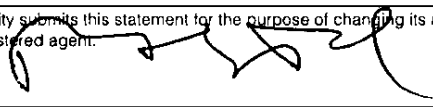
01242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>SCHLOSSER, RICHARD A ESQ 500 E. KENNEDY BLVD STE 200 TAMPA, FL 33602</b>	
7. Name and Address of Now Registered Agent Name <b>Tankel, Robert PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1022 Main St. Ste. D</b> City <b>Dunedin</b> FL Zip Code <b>34698</b>	

4. FEI Number  
**20-3901093**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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  DATE **1/29/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARPAY, BARRY I 5100 W LEMON ST, STE 306 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MESSINA, FRANK 5100 W LEMON ST., STE 306 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUDRLIK, DEBORA L 5100 W LEMON ST., STE 306 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2-8-07** DAYTIME PHONE # **813-288-7742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debora L Hudrlik