

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001615

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: PANTHER TRACE VILLAS ASSOCIATION, INC.

## Current Principal Place of Business:

1463 OAKFEILD DR.  
STE. 142  
BRANDON, FL 33511

## New Principal Place of Business:

1463 OAKFIELD DRIVE  
STE. 142  
BRANDON, FL 33511

## Current Mailing Address:

MCNEIL MGMT. SVCS. INC.  
PO BOX 6235  
BRANDON, FL 33508

## New Mailing Address:

MCNEIL MANAGEMENT SERVICES, INC.  
PO BOX 6235  
BRANDON, FL 33508

FEI Number: 20-3901093

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. STE. D  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

TANKEL, ROBERT PA  
1022 MAIN STREET  
SUITE D  
DUNEDIN, FL 34698 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: ROBERT TANKEL, P.A.

03/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KARPAY, BARRY I  
Address: 5100 W LEMON ST, STE 306  
City-St-Zip: TAMPA, FL 33609

Title: VPD ( ) Delete  
Name: MESSINA, FRANK  
Address: 5100 W LEMON ST., STE 306  
City-St-Zip: TAMPA, FL 33609

Title: STD ( ) Delete  
Name: HUDRLIK, DEBORA L  
Address: 5100 W LEMON ST., STE 306  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KARPAY, BARRY  
Address: 5100 W LEMON ST. STE 312  
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change ( ) Addition  
Name: MESSINA, FRANK  
Address: 5100 W LEMON ST. STE 312  
City-St-Zip: TAMPA, FL 33609

Title: S/T (X) Change ( ) Addition  
Name: HUDRLIK, DEBORA L  
Address: 5100 W LEMON ST. STE 312  
City-St-Zip: TAMPA, FL 33609

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: DEBORA HUDRLIK

S/T

03/10/2009

Electronic Signature of Signing Officer or Director

Date