

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90040 024 ****61.25

DOCUMENT # N05000001652

1. Entity Name
PANTHER TRACE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**1463 OAKFIELD DR STE 141
BRANDON, FL 33511**

Mailing Address
**MCNEIL MGMT SRVS INC
P.O. BOX 6235
BRANDON, FL 33508-6004**



2. Principal Place of Business - No P.O. Box #
1463 Oakfield Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 142

City & State

City & State

Brandon FL

Zip
33511

Country
US

Zip

Country

02282007 Chg-NP

CR2E037 (12/06)

4. FEI Number
20-3171008

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

**MATHIASON, MARION P ESQ.
500 E KENNEDY BLVD STE 200
TAMPA, FL 33602**

Name **Robert Tankel, P.A.**

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

1022 Main St. Suite D

City

Dunedin

FL

Zip Code

34698

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, 2007**

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	KARPAY, BARRY I	
STREET ADDRESS	5100 W LEMON ST 306	
CITY - ST - ZIP	TAMPA, FL 33609	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MESSINA, FRANK	
STREET ADDRESS	5100 W LEMON ST 306	
CITY - ST - ZIP	TAMPA, FL 33609	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HUDRLIK, DEBORA L	
STREET ADDRESS	5100 W LEMON ST 306	
CITY - ST - ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trevena, Jessica	
STREET ADDRESS	12361 Foxmoor Peak Dr.	
CITY - ST - ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Rose	
STREET ADDRESS	12252 Foxmoor Peak Dr.	
CITY - ST - ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wishart, Barbara	
STREET ADDRESS	10720 Chesham Hill Ct.	
CITY - ST - ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hopp, Sarah	
STREET ADDRESS	12320 Foxmoor Peak Dr.	
CITY - ST - ZIP	Riverview, FL 33569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feacher, Renae	
STREET ADDRESS	10714 Chesham Hill Ct.	
CITY - ST - ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jessica Trevena

JESSICA TREVENA

3/9/07

391-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #