

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.
Ste 142

City & State
Brandon FL

Zip
33511 Country
US

02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3171008

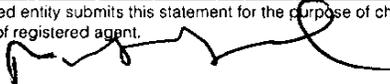
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MATHIASON, MARION P ESQ.
 500 E KENNEDY BLVD STE 200
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent
 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  **Robert Tankel** DATE **3/25/07**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Trevena, Jessica 12361 Foxmoor Peak Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Rose 12252 Foxmoor Peak Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wishart, Barbara 10720 Chesham Hill Ct. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hopp, Sarah 12320 Foxmoor Peak Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Feacher, Renae 10714 Chesham Hill Ct. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  **JESSICA TREVENA** DATE **3/9/07** DAYTIME PHONE # **391-4069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR