2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001652

FILED Mar 10, 2009 Secretary of State

Entity Name: PANTHER TRACE TOWNHOMES ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1463 OAKFIELD DR SUITE 142 BRANDON, FL 33511 **New Mailing Address: Current Mailing Address:** MCNEIL MGMT SRVS INC MCNEIL MANAGEMENT SERVICES INC P.O. BOX 6235 P.O. BOX 6235 BRANDON, FL 335086004 BRANDON, FL 335086004 FEI Number: 20-3171008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TANKEL, ROBERT PA 1022 MAIN ST. SUITE D DUNEDIN, FL 34698 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SMITH, RON SMITH, RON Name: Name: 12252 FOXMOOR PEAK DR. Address: 12252 FOXMOOR PEAK DR. Address: City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: RIVERVIEW, FL 33579 Title: Title: () Delete (X) Change () Addition SMITH, ROSE Name: SMITH, ROSE Name: Address: 12252 FOX MOOR PEAK DR. Address: 12252 FOXMOOR PEAK DR. City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: RIVERVIEW, FL 33579 Title: () Delete Title: (X) Change () Addition GABRIELE, BARANOWSKI TREVENA, JESSICA Name: Name: 12314 HEALEY SUMMIT LANE Address: Address: 12361 FOXMOOR PEAK DR. City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: RIVERVIEW, FL 33579 Title: () Delete Title: (X) Change () Addition Name: FEACHER, RENAE Name: SERGENT, JEANNINE 12331 HEALEY SUMMIT LANE Address: 10714 CHESHAM HILL CT. Address: City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: RIVERVIEW, FL 33579 Title: () Delete Title: () Change (X) Addition MORALES, ANN Name: Name: 12224 FOXMOOR PEAK DR. Address: Address: BRANDON, FL 33579 City-St-Zip: City-St-Zip:

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: ROSIE SMITH Ρ 03/10/2009