2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N06000012843

1. Entity Name PANTHER WOODS COUNTRY CLUB INC.





FILED Mar 12, 2007 8:00 am Secretary of State

03-12-2007 90097 012 ****61.25

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Principal Place of Business 9475 MEADOWOOD DRIVE FORT PIERCE, FL 34951			9475 N	Mailing Address 9475 MEADOWOOD DRIVE FORT PIERCE, FL 34951				3665		et 1814 81888 11	PMIII II A PRIII (
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing	Address								
2. Principal Place of Business - No P.O. Box # 9425 MEADOWOOD DRIVE			9425 MEADOVOOD RIVE					## HI (III II II	51 5 6 888	WINI NI LUNI		
Suite, Apt. #, efc.			Suite, Apt. #, etc.			01242007 C	hg-NP	CR2E03	7 (12/06)			
City & State			City & State			4. FEI Number						
Zip Country			Zip Cour			ntry	5. Certificate of Status Desired					
6. Name and Address of Current R			egistered Agent				7. Name and Add	dress of New Re				
CHILLIAN	IOCEDIA					Nama						
GULLUNI, JOSEPH 9512 SHADOW LANE FORT PIERCE, FL 34951							Street Address (P.O. Box Number is Not Acceptable)					
FORT PIERCE, FL 34951						City				7:- 0-4		
									FL	Zip Cod	В	
	tions of regist	y submits this statement for ered agent. or printed name of registered agent.						the State of Flor	rida. I am f	amiliar with,	and accept	
	Signature, typeu	or priviled harrie or registered against	and the ri applica	DIB. (NOT	z. negisiere:	d Agent signature require	a when remiziating)		DATE		·	
	Cillag Da	- I- CC4 OF		9 Floation Con	opolan E	inancina	AF 00	l BA-	-kbk		•	
		e is \$61.25 lay 1, 2007		9. Election Car Trust Fund C			\$5.00 May Be Added to Fees			payable to ment of St		
10.			RECTORS			on.		Flori	da Depart	ment of St	tate	
10. TITLE	Due by M	OFFICERS AND DIF	RECTORS		Contributi	on.	Added to Fees	Flori	da Depart	ment of St	tate	
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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:

JOSEPH GULLUN
UNEAND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR