

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012843

FILED
Jan 16, 2009
Secretary of State

Entity Name: PANTHER WOODS COUNTRY CLUB INC.

Current Principal Place of Business:

9425 MEADOWOOD DRIVE
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

9425 MEADOWOOD DRIVE
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 06-1807030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULLUNI, JOSEPH
9512 SHADOW LANE
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

ANDERSON, JIMMY L
1924 WESTMINSTER CIRCLE
8
VERO BEACH, FL 32966 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: JIMMY L. ANDERSON

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GULLUNI, JOSEPH
Address: 9512 SHADOW LANE
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: OLIVER, GARY
Address: 9475 MEADOWOOD DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: GOOD, ROSS
Address: 3200 TWIN LAKES TERRACE #106
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: HOCKIN, DAVID
Address: 9450 MEADOWOOD DR #202
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: VINCENT, JAN
Address: 3616 GROVE CT
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JIMMY L. ANDERSON

RA

01/16/2009

Electronic Signature of Signing Officer or Director

Date