2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N98000000261

Entity Name: NORTH PANTHER TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
STE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
STE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0833272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORTE, LORRAINE H
1111 SE FEDERAL HWY
STE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

KERT, LORRAINE H
1111 SE FEDERAL HWY
STE 100
STUART, FL 34994 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: LORRAINE H. KERT 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EIBLE, KATHY
Address: 491 SW DEER RUN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPTD ( ) Delete
Name: COUCH, CINDY
Address: 486 SW DEER RUN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPSD ( ) Delete
Name: SCHERKER, TINA
Address: 500 SW DEER RUN
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change ( ) Addition
Name: COUCH, CINDY
Address: 486 SW DEER RUN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPTD (X) Change ( ) Addition
Name: BRICKMAN, HAROLD
Address: 255 SW PANTHER TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: KATHY EIBLE PRES 03/13/2009
Electronic Signature of Signing Officer or Director Date