

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90329 007 \*\*\*\*61.25

**DOCUMENT # N98000002331**

1. Entity Name  
**SOUTH PANTHER TRACE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**298 SW PANTHER TRACE  
PORT SAINT LUCIE, FL 34953 US**

Mailing Address  
**111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US**

40063944



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0833267**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHAWVER, CLARENCE F  
1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☐ Delete  
NAME KASSOF, ROBERT  
STREET ADDRESS 336 SW PANTHER TRACE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE VD ☐ Delete  
NAME ASPROMONTE, ANDREW  
STREET ADDRESS 349 SW PANTHER TRACE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE SD ☐ Delete  
NAME COUILLARD, TEDDIE  
STREET ADDRESS 366 SW PANTHER TR  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE TD ☐ Delete  
NAME COOK, NORMA  
STREET ADDRESS 405 SW THISTLE TRAIL  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE 1VPD ☐ Delete  
NAME EMOND, CHARLES  
STREET ADDRESS 324 SW PANTHER TRL  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

772-879-7797