2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N98000002331

Entity Name: SOUTH PANTHER TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

298 SW PANTHER TRACE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

FEI Number: 65-0833267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	KASSOF, ROBERT	
Address:	336 SW PANTHER TRACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	VD	( ) Delete
Name:	ASPROMONTE, ANDREW	
Address:	349 SW PANTHER TRACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	SD	( ) Delete
Name:	COUILLARD, TEDDIE	
Address:	366 SW PANTHER TR	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	TD	( ) Delete
Name:	COOK, NORMA	
Address:	405 SW THISTLE TRAIL	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	1VPD	( ) Delete
Name:	EMOND, CHARLES	
Address:	324 SW PANTHER TRL	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	D	( ) Delete
Name:	HALL, ROBERT	
Address:	330 SW PANTHER TRACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	

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:	
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: ROBERT KASSOF PRES 03/13/2009

Electronic Signature of Signing Officer or Director — Date