

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 15, 2011
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:**430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US**Current Mailing Address:**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US**New Mailing Address:**430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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:**BAYSHORE ASSOCIATION MANAGEMENT
430 LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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: LINDA MOUTOGIANNIS

11/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KASSOF, ROBERT
Address: 430 LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD
Name: ASPROMONTE, ANDREW
Address: 430 LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD
Name: COUILLARD, TEDDIE
Address: 430 LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD
Name: COOK, NORMA
Address: 430 LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: AVPD
Name: SCHIAVONNE, JOHN
Address: 430 LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: KELLEY, RONALD
Address: 430 LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: LINDA MOUTOGIANNIS

CAM

11/15/2011

Electronic Signature of Signing Officer or Director

Date