

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003037

FILED
Mar 20, 2009
Secretary of State

Entity Name: HIGHLANDS AT PANTHER RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2848 PROCTOR ROAD
SARASOTA, FL 34231

New Principal Place of Business:

2848 PROCTOR ROAD
SARASOTA, FL 34231 US

Current Mailing Address:

2848 PROCTOR ROAD
SARASOTA, FL 34231

New Mailing Address:

2848 PROCTOR ROAD
SARASOTA, FL 34231 US

FEI Number: 65-0953801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER MANAGEMENT SERVICES, INC
2848 PROCTOR ROAD
SARASOTA, FL 34231 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: HUNNIFORD, RON
Address: 23325 78TH AVE E
City-St-Zip: MYAKKA CITY, FL 34251

Title: STD () Delete
Name: REED, CINDY
Address: 7715 235TH ST E
City-St-Zip: MYAKKA CITY, FL 34251

Title: VD () Delete
Name: JACOBS, JAMES
Address: 23326 78TH AVE E
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUNNIFORD, RON
Address: 23325 78TH AVE E
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: VD (X) Change () Addition
Name: CRAIG, EDWARD
Address: 7736 235TH ST E
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: STD (X) Change () Addition
Name: JACOBS, JAMES
Address: 23326 78TH AVE E
City-St-Zip: MYAKKA CITY, FL 34251 US

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: CINDY REED

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date