

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766743

1. Entity Name

PANTHER WOODS MASTER ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90268 031 ****61.25

Principal Place of Business	Mailing Address
1105 12TH STREET VERO BEACH FL 32960 US	1105 12TH ST VERO BEACH FL 32960-3718 US

2. Principal Place of Business <i>Elliott Merrill Comm. Management</i> Suite, Apt. #, etc. <i>1105 12th street</i> City & State <i>Vero Beach FL</i> Zip <i>32960</i>		3. Mailing Address <i>Elliott Merrill Comm. Management</i> Suite, Apt. #, etc. <i>1105 12th street</i> City & State <i>Vero Beach FL</i> Zip <i>32960</i>	
Country <i>US</i>	Country <i>US</i>		



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0138691		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MERRILL, CRAIG E 1105 12TH STREET VERO BEACH FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE *Craig Merrill*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STREET ADDRESS CITY- ST- ZIP	PD COMPTON, ROBERT 9415 BUNTING LAND FT. PIERCE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	VPD ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	TD WILLIAMS, JIMMIE 530 OAK COURT DRIVE MEMPHIS TN <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TD Konggaard, Einer</i> <i>3108 Bent Pine Drive</i> <i>Fort Pierce, FL 34951</i>
TITLE STREET ADDRESS CITY- ST- ZIP	S ECKMAN, DAVID 4007 MEADOWOOD DR #105 FT. PIERCE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	D WALKER, JAMES 2998 CONIFER DR FT PIERCE FL 34951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	D WILSON, STUART 2651 CONIFER DR FT PIERCE FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: *Robert E. Compton, Pres.* 4/3/00 4669181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)