

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 766743**

1. Entity Name

**PANTHER WOODS MASTER ASSOCIATION, INC.**

Principal Place of Business

**ELLIOTT MERRILL COMM. MANAGEMENT  
1105 12TH ST  
VERO BEACH FL 32960  
US**

Mailing Address

**ELLIOTT MERRILL COMM. MANAGEMENT  
1105 12TH ST  
VERO BEACH FL 32960  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0138691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, CRAIG E  
28 N CAUSEWAY DR, STE 3  
FORT PIERCE FL 34946**

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.

SIGNATURE

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. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
COMPTON, ROBERT  
9415 BUNTING LN  
FORT PIERCE FL 34951** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ESTEIN, LOTHAR  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BRUNDAGE, WAYNE  
9405 BUNTING LN  
FORT PIERCE FL 34951** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Elizabeth Caldarone  
3200 Twin Lakes Terr #201  
Ft. Pierce, FL 34946** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ECKMAN, DAVID  
4007 MEADOWOOD DR #105  
FORT PIERCE FL 34951** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILSON, STUART  
2651 CONIFER DR  
FORT PIERCE FL 34951** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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:

SIGNATURE REQUIRED

4/12/02

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90167 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)