


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90123 018 \*\*\*\*61.25

<b>DOCUMENT # 766743</b>	
1. Entity Name <b>PANTHER WOODS MASTER ASSOCIATION, INC.</b>	

Principal Place of Business <b>SCHLITT PROP. MGMT STE 200 VERO BEACH, FL 32963 US</b>	Mailing Address <b>3240 CARDINAL DR STE 200 VERO BEACH, FL 32963 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4007 N AIA</b>	3. Mailing Address <b>4007 N AIA</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT. PIERCE, FL</b>	City & State <b>FT. PIERCE, FL</b>
Zip <b>34949</b>	Country <b>US</b>
City & State <b>FT. PIERCE, FL</b>	City & State <b>FT. PIERCE, FL</b>
Zip <b>34949</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>SCHLITT, STEVEN 3240 CARDINAL DR VERO BEACH, FL 32963</b>	
7. Name and Address of New Registered Agent Name <b>SCHLITT PROPERTY MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4007 N AIA</b> City, State, Zip <b>FT. PIERCE, FL 34949</b>	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>STEVEN R. SCHLITT</b>	DATE <b>4/9/08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CUMMINGS, RITA 9440 MEADOWOOD DR #105 FORT PIERCE, FL 34946</b>		<b>S MEYER, MARGARET 9413 BUNTING LANE FT. PIERCE, FL 34951</b>	
<b>T LIKENS, WARREN 9419 BUNTING LANE FORT PIERCE, FL 34951</b>		<b>VP MINOTTY, JOSEPH 9479 MEADOWOOD DRIVE FT. PIERCE, FL 34951</b>	
<b>D HANSON, MARY 9515 SHADOW LANET FORT PIERCE, FL 349512934</b>		<b>D GORMAN, ROBERT 3300 TWIN LAKES TERR #104 FT. PIERCE, FL 34951</b>	
<b>P DENMON, FELIX 3409 BENT PINE DR FORT PIERCE, FL 34951</b>		<b>D FESTAGALLO, LOUIS 3450 TWIN LAKES TERR #205 FT. PIERCE, FL 34951</b>	
<b>D SCHULTZ, JACK 9418 POINCIANA CT FORT PIERCE, FL 34951</b>		<b>D LAWRENCE, REGGIE 2999 BENT PINE DR FT. PIERCE, FL 34951</b>	
<b>X D BUCHWALD, PETER 2710 BENT PINE DR FORT PIERCE, FL 34951</b>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Joseph E. Minotty</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOSEPH E. MINOTTY V.P.</b>	Date	Daytime Phone #
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