

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 766742

1. Corporation Name

PANTHER WOODS LOT OWNERS ASSOCIATION, INC.

Principal Place of Busin	ľ
1105 12TH ST VERO BEACH FL 32960 US	

Mailing Address 1105 12TH ST VERO BEACH FL 32960

US

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90165 018 ****61.25



2. Principal F	Place of Business 2a. Mailing Address					.3. Date Incorporated or Qualifed 01/28/1983					
21	26						4. FEI Number			pplied For	
Suite, Apt						-	65: 0138687		 	ot Applicable_	
City & Sta	te	27 City	City & State				5. Certifcate of Status	Desired	\$8.75	Additional	
23	28									equired	
Zip	Country Zip Col				try		6. Election Campaign I	- 11	•	May Be	
24	25 29 30					Trust Fund Contribution Added to Fees				to Fees	
<u> </u>	9. Name and Address of Current	Registered	Agent		14 11		10. Name and Address	of New Kegist	erea Agent		
MERRILL, CRAIG (ELLIOTT 1105 12TH ST					81 Name CRAIG MCRRILL 82 Street Address (F.O. Box Number is Not Acceptable) 90 Elliott Merrill Community Mant.						
				1	83 ACAC II A CA						
	SCEOLA ST.				2905 N A/A						
VERU BE	ACH FL 32960			Į.	City #	7 4	PIERCE		FI 85 Zip	Code	
11. Pursuant office or agent. I a	t to the provisions of Sections 617.0502 registered agent or both, in the State o am familiar with and accept the obligati	and 617.15 f Florida. Su ons of, Secti	08, Florida Statute ch change was au on 617.0503, Flori	s, the about thorized lida Statut	ove-named by the corpo es.	corpor	ation cubmite this statem	coy accept and		registered egistered	
SIGNATURE	Signature, byped or printed name of registered worn.	ales tille if applica			gent signature r	required w	rhen reinstating)	DA	 _		
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANG	ES TO OFFICE			
TITLE	P		DELETE	1.1 TITL					☐ Change	☐ Addition	
NAME .	MORTOLA, ROBERT D			1.2 NAW	E			,			
STREET ADDRESS	ACAS DELIZ DILLE DO				EET ADDRESS						
CITY-ST-ZIP	FT. PIERCE FL			1.4 CIT	-ST-ZIP	<u> </u>					
TITLÉ	VP /		☑ DELETE	2.1 TITL	E	VP	,	•	∠ Change	↓ Addition	
NAME	ESTEIN, LOTHAR M&			22NAN	E	=0	illiams, Jima	11e-	 	<u> </u>	
STREET ADDRESS	5211 INTERNATIONAL DRIVE			2.3 STR	EET ADDRESS		BOX 3661,				
CITY-ST-ZIP	ORLANDO FL			2. 4 CIT	Y-ST-ZIP		<u>emphis, TN</u>	<u> 38173</u>			
TITLE	T		☐ DELETE	3.1 TITL	E	D	, ,		Change	Addition	
NAME	GAINES, J W			3.2 NAM	lÉ	GA	ines, J.W.	٠.			
STREET ADDRESS	9411 POINCIANA CT.			3.3 STR	EET ADDRESS	94	11 Poinciana	Jourt		}	
CITY-ST-ZIP	FT PIERCE FL			3.4. CIT	Y-ST-ZIP	FH	- Pierce, FL				
TITLE	D		☐ DELETE	4.1 TTTL	Ę	ΓI	7-		☐ Change	Addition	
NAME	COMPTON, ROBERT M			4.2 NA	ME.	ĺ -				- [
STREET ADDRESS	ALLE CHIEFFING LAND			4.3 STR	EET ADDRESS						
CITY-ST-ZIP	FT. PIERCE FL		_	4.4 CIT	-ST-ZIP	<u> </u>					
TITLE	S		₩ DELETE	5.1 TITL	Ę	5			I Change	☐ Addition	
NAME	CLINTON, JEAN			5.2 NAM	Œ	Wil	son, Stuart,	مانده			
STREET ADDRESS	ACAA OCAT DALE DONE			5.3 STR	EET ADDRESS	26	51 Conifer C	77 10 C		l	
CITY-ST-ZIP	FT. PIERCE FL 34949			5.4 CIT	/-ST-ZIP	Ft	. Pierce, FL	34951	· ·		
TITLE	D		☐ DELETE	6.1 TITL	E				☐ Change	☐ Addition	
NAME	RAINS, GLEN M			6.2 NAA	Œ				•	ļ	
STREET ADDRESS	ACIA DENT DINE DONE			6.3 STR	EET ADDRESS	1					
SINCE ADDRESS	CORT DENCE EI			64 CIT	/_ ST_ 71D						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

49/97 56-569-985

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