

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766742

1. Entity Name

PANTHER WOODS LOT OWNERS ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90154 027 ****61.25

Principal Place of Business

Mailing Address

1105 12TH ST
VERO BEACH FL 32960
US

1105 12TH ST
VERO BEACH FL 32960-3718
US

2. Principal Place of Business

Elliott Merrill Comm. Management

3. Mailing Address

Elliott Merrill Comm. Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1105 12th St

1105 12th St.

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32960

Country

US

Zip

32960

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRILL, CRAIG (ELLIOTT)
C/O ELLIOTT MERRILL COMMUNITY MGMT.
2905 N A1A
FT PIERCE FL 34949

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	P MORTOLA, ROBERT D 9535 BENT PINE DR. FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JIMMIE P O BOX 3661 MEMPHIS TN-38173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAINES, T.W. 9411 POINCIANA CT. FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, ROBERT M 9415 BUNTING LANE FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, STUART 2651 CONIFER DR FT. PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINS, GLEN M 9512 BENT PINE DRIVE FORT PIERCE FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3104 Bent Pine Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Estein, Lottar 5811 International Drive Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Gaines, J.W. 952B Laurelwood Court
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Muser, William 3210 Bent Pine Drive Fort Pierce, FL 34951

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:

R. Mortola **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (9/99)