

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 766742**

1. Entity Name

PANTHER WOODS LOT OWNERS ASSOCIATION, INC.

Principal Place of Business

**ELLIOTT MERRILL CONN MGMT
1105 12TH ST
VERO BEACH FL 32960
US**

Mailing Address

**ELLIOTT MERRILL CONN MGMT
1105 12TH ST
VERO BEACH FL 32960
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0138687

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

Name

Street Address (P.O. Box Number is Not Acceptable)

28 N. Causeway Drive, Suite 3

City

Ft. Pierce**FL**

Zip Code

34946

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	<input type="checkbox"/> Delete
P	MORTOLA, ROBERT D	3104 BENT PINE DRIVE	FT. PIERCE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			34951	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	ESTEIN, LOTHAR	5211 INTERNATIONAL DR	ORLANDO FL 32819	<input type="checkbox"/>

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"/> Delete
T	GAINES, T.W. JW	9528 LAURELWOOD CT	FT PIERCE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treas/D	Gaines, JW		34951	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COMPTON, ROBERT M	9415 BUNTING LANE	FT. PIERCE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			34951	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	WILSON, STUART	2651 CONIFER DR	FT. PIERCE FL 34949	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			34951	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MOSER, WILLIAM	3210 BENT PINE DR	FORT PIERCE FL 34951	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-01**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90015 011 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)