

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90295 038 ****61.25

DOCUMENT # 766742

1. Entity Name

PANTHER WOODS LOT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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)
28 N CAUSEWAY DRIVE
SUITE 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 **P** ☒ Delete
 NAME **MORTOLA, ROBERT D**
 STREET ADDRESS **3104 BENT PINE DRIVE**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE **Richard Thompson** ☐ Change ☒ Addition
 NAME **Richard Thompson**
 STREET ADDRESS **9416 Bunting Lane**
 CITY-ST-ZIP **Fort Pierce, FL 34946**

TITLE **VP** ☒ Delete
 NAME **ESTEIN, LOTHAR**
 STREET ADDRESS **5211 INTERNATIONAL DR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DVP** ☒ Change ☒ Addition
 NAME **Don Maynard**
 STREET ADDRESS **7421 Laurels Pl.**
 CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE **TD** ☐ Delete
 NAME **GAINES, JW**
 STREET ADDRESS **9528 LAURELWOOD CT**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COMPTON, ROBERT M**
 STREET ADDRESS **9415 BUNTING LANE**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **WILSON, STUART**
 STREET ADDRESS **2651 CONIFER DR**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MOSER, WILLIAM**
 STREET ADDRESS **3210 BENT PINE DR**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE **D** ☐ Change ☒ Addition
 NAME **Lothar Estein**
 STREET ADDRESS **5211 International Dr.**
 CITY-ST-ZIP **Orlando, FL 32819**

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 #

CR2E037 (9/01)