
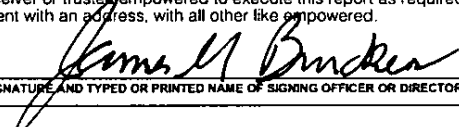


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90863 030 ****61.25

DOCUMENT # 766742 1. Entity Name PANTHER WOODS LOT OWNERS ASSOCIATION, INC.					
Principal Place of Business 3240 CARDINAL DR VERO BEACH, FL 32963 US			Mailing Address ELLIOTT MERRILL COMM MGMT 835 20TH PLACE VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0138687	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURNER, CRAIG 3240 CARDINAL DR VERO BEACH, FL 32960			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCKER, JAMES		NAME	MINOTTY, JOE	
STREET ADDRESS	9436 POINCIANA COURT		STREET ADDRESS	9479 MEADOWOOD DR.	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, LENORE		NAME	HANSON, MARY	
STREET ADDRESS	9408 MEADOWWOOD DRIVE		STREET ADDRESS	9515 SHADOW LANE	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIMON, FELIX		NAME	SCHULTZ, TACK	
STREET ADDRESS	3409 BENT PINE DR		STREET ADDRESS	9418 POINCIANA COURT	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINZ, PAUL		NAME	KONEVAL, GEORGE	
STREET ADDRESS	2631 CONIFER DR		STREET ADDRESS	9517 LAURELWOOD COURT	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UFNER, H. JOSE		NAME	VINCENT, RON	
STREET ADDRESS	9409 POINCIANA CT		STREET ADDRESS	3616 GROVE COURT	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, J.W.		NAME	VINCENT, RON	
STREET ADDRESS	9528 LAURELWOOD CT		STREET ADDRESS	3616 GROVE COURT	
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951	
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: 			4/10/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					