

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90105 025 ****61.25

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

Elliott Merrill Comm. Mgt.
Suite, Apt. #, etc.
835 20th Place

3. Mailing Address

Elliott Merrill Comm. Mgt.
Suite, Apt. #, etc.
835 20th Pl.

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32960 Country
Ind. River

Zip
32960 Country
Ind. River



☐ CHECK HERE IF MAKING CHANGES

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

MERRILL, CRAIG ELLIOTT
28 N CAUSEWAY DRIVE
SUITE 3
FORT PIERCE FL 34946

7. Name and Address of New Registered Agent

Name
Craig Merrill
Street Address (Do not include in New Acceptable)
Elliott Merrill Comm. Mgt.
835 20th Place
City
Vero Beach FL Zip Code
32960

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 *[Signature]* DATE **4-3-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, RICHARD 9416 BUNTING LANE FORT PIERCE FL 34946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYNARD, DON 7421 LAURELS PL PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAINES, JW 9528 LAURELWOOD CT FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, ROBERT M 9415 BUNTING LANE FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, STUART 2851 CONIFER DR FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEIN, LATHAR 5211 INTERNATIONAL DR ORLANDO FL 32819	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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

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 an other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

4-3-03