

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766743 (9)
 1. Corporation Name
PANTHER WOODS MASTER ASSOCIATION, INC.

Principal Place of Business 1105 12TH STREET VERO BEACH FL 32960 US	Mailing Address 1105 12TH ST VERO BEACH FL 32960 US
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3. Date Incorporated or Qualified
01/28/1983

4. FEI Number
65-0138691

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MERRILL, CRAIG E
 1105 12TH STREET
 VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COMPTON, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9415 BUNTING LAND	1.2 NAME	
STREET ADDRESS	FT. PIERCE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD ESTEIN, LOTHAR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5211 INTERNATIONAL DRIVE	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD WILLIAMS, JIMMIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	530 OAK COURT DRIVE	3.2 NAME	
STREET ADDRESS	MEMPHIS TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD CLINTON, JEAN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2981 BENT PINE DR	4.2 NAME	
STREET ADDRESS	FT. PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CALLAHAN, JACK	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9504 BENT PINE DRIVE	5.2 NAME	
STREET ADDRESS	FT PIERCE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MORTOLA, ROBERT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9535 BENT PINE DR	6.2 NAME	
STREET ADDRESS	FT PIERCE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Dr. Eckman, David
 4007 meadowood drive, #105
 Ft. Pierce, FL 34957

Sec. Callahan, Jack
 9504 Bent Pine Drive
 Ft. Pierce, FL 34957

14. 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 annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on attachments with an address.

SIGNATURE: *[Signature]* 3/31/98

CR2E037 (10/97)