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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766743

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/28/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0138691
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COMPTON, ROBERT	
STREET ADDRESS	9415 BUNTING LAND	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ESTEIN, LOTHAR	
STREET ADDRESS	5211 INTERNATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMIE	
STREET ADDRESS	530 OAK COURT DRIVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLINTON, JEAN	
STREET ADDRESS	2981 BENT PINE DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CALLAHAN, JACK	
STREET ADDRESS	9504 BENT PINE DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTOLA, ROBERT	
STREET ADDRESS	9535 BENT PINE DR	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Eckman, David</i>
4.3 STREET ADDRESS	<i>4007 Meadowood Dr. #105</i>
4.4 CITY-ST-ZIP	<i>Ft. Pierce, FL</i>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>D-Walker, James</i>
5.3 STREET ADDRESS	<i>2998 Conifer Drive</i>
5.4 CITY-ST-ZIP	<i>Ft. Pierce, FL 34951</i>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>Wilson, Stuart</i>
6.3 STREET ADDRESS	<i>2651 Conifer Drive</i>
6.4 CITY-ST-ZIP	<i>Ft Pierce, FL 34951</i>

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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Compton* RECORDED *Robert Compton* 4/9/99 561-569-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)