

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0031088

**DOCUMENT # 766743**

1. Entity Name

**PANTHER WOODS MASTER ASSOCIATION, INC.**

04-11-2001 90015 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**ELLIOTT MERRILL COMM. MANAGEMENT  
 1105 12TH ST  
 VERO BEACH FL 32960  
 US**

**ELLIOTT MERRILL COMM. MANAGEMENT  
 1105 12TH ST  
 VERO BEACH FL 32960  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0138691**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 E  
 1105 12TH STREET  
 VERO BEACH FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

**28 N. Causeway Drive, Suite 3**

City

**Ft. Pierce**

**FL**

Zip Code

**34946**

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: PD  
 NAME: COMPTON, ROBERT  Delete  
 STREET ADDRESS: 9415 BUNTING LAND  
 CITY-ST-ZIP: FT. PIERCE FL

TITLE: Pres/Dir  
 NAME: Compton, Robert  Change  Addition  
 STREET ADDRESS: 9415 Bunting Lane  
 CITY-ST-ZIP: Ft. Pierce, FL 34951

TITLE: VPD  
 NAME: ESTEIN, LOTHAR  Delete  
 STREET ADDRESS: 5211 INTERNATIONAL DRIVE  
 CITY-ST-ZIP: ORLANDO FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: 32819  
 CITY-ST-ZIP: 32819

TITLE: TD  
 NAME: KORNGAARD, EINER  Delete  
 STREET ADDRESS: 3108 BENT PIN DR  
 CITY-ST-ZIP: FORT PIERCE FL 34951

TITLE: Treas/Dir  
 NAME: Bourdage, Wayne  Change  Addition  
 STREET ADDRESS: 9405 Bunting Lane  
 CITY-ST-ZIP: Ft. Pierce, FL 34951

TITLE: S  
 NAME: ECKMAN, DAVID  Delete  
 STREET ADDRESS: 4007 MEADOWOOD DR #105  
 CITY-ST-ZIP: FT. PIERCE FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: 34951  
 CITY-ST-ZIP: 34951

TITLE: D  
 NAME: WILSON, STUART  Delete  
 STREET ADDRESS: 2651 CONIFER DR  
 CITY-ST-ZIP: FT PIERCE FL 34951

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: 34951  
 CITY-ST-ZIP: 34951

TITLE:  Delete  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

Daytime Phone #

CR2E037 (10/00)