2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90009 019 ****61.25

DOCUMENT # 766743

1. Entity Name
PANTHER WOODS MASTER ASSOCIATION, INC.

54032232

Principal Place of Business	Mailing Address
ELLIOTT MERRILL COMM. MANAGEMENT 835 20TH PL VERO BEACH, FL 32960 US	ELLIOTT MERRILL COMM. MANAGEMENT 835 20TH PL VERO BEACH, FL 32960 US

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0138691 ☐ Applied For ☐ Not Applicable

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 835 20TH PL VERO BEACH, FL 32960	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ COMPTON, ROBERT 9415 BUNTING LN FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Compton, Robert 9415 Bunting Lane Fort Pierce, FL 34951 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ken Wroe 2377 SW Fern Circle Ft. Pierce, FL 34953 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ CALDARONE, ELIZABETH 3200 TWIN LAKES TERRACE, #201 FORT PIERCE, FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Caldarone, Elizabeth 3200 Twin Lakes Terrace #201 Fort Pierce, FL 34946 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ECKMAN, DAVID 4007 MEADOWOOD DR #105 FORT PIERCE, FL 34951	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Catherine Vaught 2989 Conifer Dr. Ft. Pierce, FL 34951 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ WILSON, STUART 2651 CONIFER DR FORT PIERCE, FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Wilson, Stuart 2651 Conifer Drive Fort Pierce, FL 34951 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Josef Ufner 2967 Bent Pine Dr. Ft. Pierce, FL 34951 ☐ 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: Elizabeth Caldarone 3/30/04 772-467-8671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #