
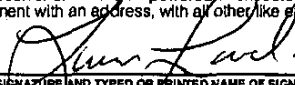


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90184 046 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 766743			
1. Entity Name PANTHER WOODS MASTER ASSOCIATION, INC.			
Principal Place of Business ELLIOTT MERRILL COMM. MANAGEMENT 835 20TH PL VERO BEACH, FL 32960 US		Mailing Address ELLIOTT MERRILL COMM. MANAGEMENT 835 20TH PL VERO BEACH, FL 32960 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D COMPTON, ROBERT <input checked="" type="checkbox"/> Delete	TITLE	PD Ford, Lenore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMPTON, ROBERT	NAME	Ford, Lenore
STREET ADDRESS	9415 BUNTING LN	STREET ADDRESS	9408 Meadowood Dr.
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	Ft. Pierce, FL 34946
TITLE	VPD WROE, KEN <input type="checkbox"/> Delete	TITLE	D wroe, Ken <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WROE, KEN	NAME	wroe, Ken
STREET ADDRESS	2377 SE FERN CIRCLE	STREET ADDRESS	2377 SE Fern Circle
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	CITY-ST-ZIP	Port Saint Lucie, FL 34953
TITLE	PD ALDARONE, ELIZABETH <input checked="" type="checkbox"/> Delete	TITLE	VPD wills, Bill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDARONE, ELIZABETH	NAME	wills, Bill
STREET ADDRESS	3200 TWIN LAKES TERRACE, #201	STREET ADDRESS	9431 Poinciana Court
CITY-ST-ZIP	FORT PIERCE, FL 34946	CITY-ST-ZIP	Ft. Pierce, FL 34946
TITLE	D VAUGHT, CATHERINE <input checked="" type="checkbox"/> Delete	TITLE	V Nelson, Horace <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHT, CATHERINE	NAME	Nelson, Horace
STREET ADDRESS	2989 CONIFER DR.	STREET ADDRESS	9526 Laurelwood Court
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	Ft. Pierce, FL 34946
TITLE	SD WILSON, STUART <input type="checkbox"/> Delete	TITLE	SD Fordin, Eugene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, STUART	NAME	Fordin, Eugene
STREET ADDRESS	2651 CONIFER DR	STREET ADDRESS	9440 Meadowood Drive #105
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	Ft. Pierce, FL 34946
TITLE	SD UFNER, JOSEF <input checked="" type="checkbox"/> Delete	TITLE	D Charbonneau, Brian <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UFNER, JOSEF	NAME	Charbonneau, Brian
STREET ADDRESS	2967 BENT PINE DR.	STREET ADDRESS	2992 Conifer Drive
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	Ft. Pierce, FL 34951
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: 		Date: 4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

14004255



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0138691 Applied For Not Applicable

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

FL Zip Code

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, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State

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NAME	UFNER, JOSEF	NAME	Charbonneau, Brian
STREET ADDRESS	2967 BENT PINE DR.	STREET ADDRESS	2992 Conifer Drive
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SIGNATURE:  Date: 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #