



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 766743 1. Entity Name PANTHER WOODS MASTER ASSOCIATION, INC.						FILED 07 MAY -9 PM 4: 20 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
Principal Place of Business SCHLITT PROP. MGMT STE 200 VERO BEACH, FL 32963 US				Mailing Address 3240 CARDINAL DR STE 200 VERO BEACH, FL 32963 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-0138691				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHLITT, STEVEN 3240 CARDINAL DR VERO BEACH, FL 32963				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FORD, LENORE		NAME	CUMMINGS, RITA			
STREET ADDRESS	9408 MEADOWOOD DR		STREET ADDRESS	9440 MEADOWOOD DR. #105			
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP	FT. PIERCE, FL 34951			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KONEVAL, GEORGE		NAME	LIKENS, WARREN			
STREET ADDRESS	4517 LAURELWOOD CT		STREET ADDRESS	9419 BUNTING LANE			
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILLS, BILL		NAME	HANSON, MARY			
STREET ADDRESS	9431 POINCIANA CT		STREET ADDRESS	9515 SHADOW LANE			
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP	FT. PIERCE, FL 34951-2934			
TITLE	# P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DENMON, FELIX		NAME	F00103094866			
STREET ADDRESS	3409 BENT PINE DR		STREET ADDRESS	05/23/07--01012--008			
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	**61.25			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	UFNER, JOSEF		NAME	SCHULTZ, JACK			
STREET ADDRESS	9409 POINCIANA CT		STREET ADDRESS	9418 POINCIANA COURT			
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP	FT. PIERCE, FL 34951			
TITLE	# VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BUCHWALD, PETER		NAME				
STREET ADDRESS	2710 BENT PINE DR		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rita Cummings</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/25/07 Daytime Phone #			

Panther Woods Master Association, Inc.

Additional Board Members

Title	D
Name	Galanis, Mike
Street Address	3500 Twin Lakes Terrace #202
City-St-Zip	Ft. Pierce, FL 34951

Title	D
Name	Festagallo, Louis
Street Address	3450 Twin Lakes Terrace #205
City-St-Zip	Ft. Pierce, FL 34951

Title	D
Name	Curry, Jim
Street Address	2989 Bent Pine Drive
City-St-Zip	Ft. Pierce, FL 34951

Title	D
Name	Vincent, Ronald
Street Address	3616 Grove Court
City-St-Zip	Ft. Pierce, FL 34951

Title	D
Name	Meyer, Margaret
Street Address	9413 Bunting Lane
City-St-Zip	Ft. Pierce, FL 34951