


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 766743</b> 1. Entity Name <b>PANTHER WOODS MASTER ASSOCIATION, INC.</b>						FILED 07 MAY -9 PM 4: 20 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>SCHLITT PROP. MGMT STE 200                  VERO BEACH, FL 32963 US</b>		Mailing Address <b>3240 CARDINAL DR STE 200                  VERO BEACH, FL 32963 US</b>					
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	
6. Name and Address of Current Registered Agent  <b>SCHLITT, STEVEN                  3240 CARDINAL DR                  VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City			
4. FEI Number <b>65-0138691</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25                  Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, LENORE 9408 MEADOWOOD DR FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINGS, RITA 9440 MEADOWOOD DR. #105 FT. PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONEVAL, GEORGE 4517 LAURELWOOD CT FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIXENS, WARREN 9419 BUNTING LANE FT. PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLS, BILL 9431 POINCIANA CT FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, MARY 9515 SHADOW LANE FT. PIERCE, FL 34951-2934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	#P DENMON, FELIX 3409 BENT PINE DR FORT PIERCE, FL 34951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 600103094866 05/23/07--01012--008 **\$61.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UFNER, JOSEF 9409 POINCIANA CT FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, JACK 9418 POINCIANA COURT FT. PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	#VP BUCHWALD, PETER 2710 BENT PINE DR FORT PIERCE, FL 34951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>4/25/07</i> <small>Daytime Phone #</small>			

**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