

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90152 005 ****61.25

CR2E037 (10/02)

DOCUMENT # 766743

1. Entity Name
PANTHER WOODS MASTER ASSOCIATION, INC.



Principal Place of Business ELLIOTT MERRILL COMM. MANAGEMENT 1105 12TH ST VERO BEACH FL 32960 US	Mailing Address ELLIOTT MERRILL COMM. MANAGEMENT 1105 12TH ST VERO BEACH FL 32960 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <i>Elliott Merrill Comm. Mgt.</i> Suite, Apt. #, etc. <i>835 20th Pl</i> City & State <i>Vero Beach, FL</i> Zip <i>32960</i> Country <i>Ind. River</i>	3. Mailing Address <i>Elliott Merrill Comm. Mgt.</i> Suite, Apt. #, etc. <i>835 20th Pl</i> City & State <i>Vero Beach, FL</i> Zip <i>32960</i> Country <i>Ind. River</i>
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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

MERRILL, CRAIG E
28 N CAUSEWAY DR, STE 3
FORT PIERCE FL 34946

7. Name and Address of New Registered Agent

Name
Craig Merrill
Street Address (P.O. Box Number is Not Acceptable)
835 20th Pl
City
Vero Beach FL Zip Code
32960

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 *Craig Merrill* (NOTE: Registered Agent signature required when reinstating) DATE *4/4/03*

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMPTON, ROBERT 9415 BUNTING LN FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALDARONE, ELIZABETH 3200 TWIN LAKES TERRACE, #201 FORT PIERCE FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECKMAN, DAVID 4007 MEADOWOOD DR #105 FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, STUART 2651 CONIFER DR FORT PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE *Stuart Wilson* **SIGNATURE REQUIRED** DATE *4/3/03*