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Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739991 (8)  
1. Corporation Name  
PINERIDGE MASTER OWNERS ASSOCIATION, INC.



Principal Place of Business: 6614 SW 45 AVE. GAINESVILLE FL 32608 US  
Mailing Address: 1810 NW 6TH STREET SUITE A GAINESVILLE FL 32609-8535 US

3. Date Incorporated or Qualified: 08/24/1977  
3a. Date of Last Report: 05/23/1996  
4. FEI Number: 59-1762889  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
2a. Mailing Address: 26 Box 147050-147  
23. City & State: 27 Gainesville, Fl.  
24. Zip: 25 Country: 29 32614-7050 30 US  
9. Name and Address of Current Registered Agent

SEYMOUR, HAL  
1109 N.W. 13TH ST.  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent  
81 Name: Bernadine M. Tucker  
82 Street Address (P.O. Box Number is Not Acceptable): 11401 Palmetto Blvd.  
84 City: Alachua, FL 85 Zip Code: 32615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: Bernadine M. Tucker, President  
DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input checked="" type="checkbox"/>
NAME	STROSNIER, D A	
STREET ADDRESS	RR. 3, BOX 99C	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PO	<input checked="" type="checkbox"/>
NAME	SEYMOUR, HAL	
STREET ADDRESS	1109 N.W. 13TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	ROCKWELL, JAMES	
STREET ADDRESS	7522 NW CR 236	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Bernadine M. Tucker		
1.3 STREET ADDRESS	11401 Palmetto Blvd.		
1.4 CITY-ST-ZIP	Alachua, Fl. 32614		
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Dan Strosnider		
2.3 STREET ADDRESS	10713 N.W. 59th Terr.		
2.4 CITY-ST-ZIP	Gainesville, Fl. 32653		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	James Rockwell		
3.3 STREET ADDRESS	7533 NW CR 236		
3.4 CITY-ST-ZIP	Alachua, Fl. 32615		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)