


FILE NOW: FILING FEE IS \$61.25

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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739991 (8)
1. Corporation Name
PINERIDGE MASTER OWNERS ASSOCIATION, INC.



Principal Place of Business 6814 SW 45 AVE. GAINESVILLE FL 32608 US	Mailing Address BOX 147050-147 GAINESVILLE FL 32614-7050 US
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3. Date incorporated or Qualified 08/24/1977		
4. FEI Number 59-1762889	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 9 Turkey Creek Suite, Apt. #, etc.	2a. Mailing Address 26
22 City & State 23 Alachua, FL	27 City & State 28
24 Zip 32615	25 Country 29
25 Country	30 Country

9. Name and Address of Current Registered Agent

**TUCKER, BERNAIDINE M.
11401 PALMETTO BLVD.
ALACHUA FL 32615**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 9 Turkey Creek	
83	
84 City FL	85 Zip Code

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, 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* **Bernadine M. Tucker** *2/12/98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUCKER, BERNAIDINE M. 11401 PALMETTO BLVD. ALACHUA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STROSNIDER, DAN 10713 N.W. 59TH TERR. GAINESVILLE F	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROCKWELL, JAMES 7533 NW CR 236 ALACHUA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9 Turkey Creek
1.4 CITY-ST-ZIP	Alachua, FL 32615
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hawes N. Adams
2.3 STREET ADDRESS	2622 NW 43 St, Ste A-3
2.4 CITY-ST-ZIP	Gainesville, FL 32606
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT
3.3 STREET ADDRESS	4127 NW 27 Lane, Ste B
3.4 CITY-ST-ZIP	Gainesville, FL 32606
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS James B. Owens
4.3 STREET ADDRESS	3106 NW 38 Street
4.4 CITY-ST-ZIP	Gainesville, FL 32606
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D David Martin
5.3 STREET ADDRESS	4010-A Newberry Rd
5.4 CITY-ST-ZIP	Gainesville, FL 32607
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Mike Vukson
6.3 STREET ADDRESS	5700 NW 34 St Ext B-7
6.4 CITY-ST-ZIP	Gainesville, FL 32653

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Bernadine M. Tucker* **Bernadine M. Tucker** *2/12/98*

CR2E037 (10/97)