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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739991

1. Corporation Name

PINERIDGE MASTER OWNERS ASSOCIATION, INC.

Principal Place of Business

9 TURKEY CREEK  
ALACHUA FL 32615  
US

Mailing Address

BOX 147050-147  
GAINESVILLE FL 32614-7050  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/24/1977

4. FEI Number

59-1762889

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TUCKER, BERNADINE M.  
9 TURKEY CREEK  
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. 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*

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 DP  DELETE

NAME TUCKER, BERNADINE M.  
STREET ADDRESS 9 TURKEY CREEK  
CITY-ST-ZIP ALACHUA FL 32615

TITLE VPD  DELETE

NAME HAWES N ADAMS  
STREET ADDRESS 2622 NW 43RD ST #A-3  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DT  DELETE

NAME ROCKWELL, JAMES  
STREET ADDRESS 4127 NW 27TH LN #B  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DS  DELETE

NAME JAMES B OWENS  
STREET ADDRESS 3106 NW 38TH ST  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D  DELETE

NAME DAVID MARTIN  
STREET ADDRESS 4010-A NEWBERRY RD  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D  DELETE

NAME MIKE VUKSON  
STREET ADDRESS 5700 NW 34TH ST #B-7  
CITY-ST-ZIP GAINESVILLE FL 32653

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Bernadine M. Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)