

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739991

1. Entity Name

PINERIDGE MASTER OWNERS ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90049 003 ****61.25

Principal Place of Business 9 TURKEY CREEK ALACHUA FL 32615 US	Mailing Address BOX 147050-147 GAINESVILLE FL 32614 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1762889	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TUCKER, BERNADINE M.
 9 TURKEY CREEK
 ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	TUCKER, BERNADINE M.
STREET ADDRESS	9 TURKEY CREEK
CITY-ST-ZIP	ALACHUA FL 32615
TITLE	DT <input type="checkbox"/> Delete
NAME	ROCKWELL, JAMES
STREET ADDRESS	4127 NW 27TH LN #8
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	DS <input type="checkbox"/> Delete
NAME	JAMES B OWENS
STREET ADDRESS	3106 NW 38TH ST
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	D <input type="checkbox"/> Delete
NAME	DAVID MARTIN
STREET ADDRESS	4010-A NEWBERRY RD
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 like empowered.

SIGNATURE: *Bernadine M. Tucker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (9/99)