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Secretary of State
03-15-2004 90091 050 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739991

1. Entity 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

94062000L

DO NOT WRITE IN THIS SPACE

03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1762889

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, BERNADINE M.{
9 TURKEY CREEK
ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TUCKER, BERNADINE M.
STREET ADDRESS	9 TURKEY CREEK
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	ROCKWELL, JAMES
STREET ADDRESS	4127 NW 27TH LN #B
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	DAVID MARTIN
STREET ADDRESS	4010-A NEWBERRY RD
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	DT
NAME	ADAMS, HAWES N
STREET ADDRESS	2627 NW 43 STREET A-3
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	Richard GIAMBRONE
STREET ADDRESS	1439 NW 98 Terr
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	D
NAME	STEVEN LARSON
STREET ADDRESS	11000 NW 11 AVE
CITY-ST-ZIP	GAINESVILLE FL 32606

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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: [signature] HAWES ADAMS 3/1/04 3523707755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #