


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 739991

1. Entity Name
PINERIDGE MASTER OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

9 TURKEY CREEK **BOX 147050-147**
ALACHUA, FL 32615 US **GAINESVILLE, FL 32614-7050 US**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1762889 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

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

Filing Fee is \$61.25
Due by May 1, 2006

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

100000461203
 03/20/06-00046-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUCKER, BERNADINE M. 9 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, LESTER 8020 SW 8 AVE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CAROL 4010-A NEWBERRY RD GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADAMS, HAWES N 2627 NW 43 STREET A-3 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAMBRONE, RICHARD 1439 NW 98 TERR GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Hawes N. Adams Date: 3/8/06 Daytime Phone #: 352-372-7257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #