


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 739991 1. Entity Name PINERIDGE MASTER OWNERS ASSOCIATION, INC.	
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Principal Place of Business 9 TURKEY CREEK ALACHUA, FL 32615 US	Mailing Address BOX 147050-147 GAINESVILLE, FL 32614-7050 US
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01102007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1762889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinspiring)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	DATE 01/12/07-80036-013 61.25
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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 or other like empowered.

SIGNATURE: HAWES N. ADAMS DATE: 1/11/07 DAYTIME PHONE #: 3523787755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR