

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739991

FILED
Feb 24, 2015
Secretary of State
CC5158724638

Entity Name: PINERIDGE MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5800 NW 23RD TER
GAINESVILLE, FL 32653

Current Mailing Address:

PO BOX 357266
GAINESVILLE, FL 32635 US

FEI Number: 59-1762889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIVERSITY MANAGEMENT, INC.
2811 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

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: ROXANNE GORE

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name ROBINSON, LESTER
Address 8020 SW 8 AVE
City-State-Zip: GAINESVILLE FL 32607

Title D
Name MARTIN, CAROL
Address 4010-A NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32607

Title D
Name MCDILDA, MARION
Address 6282 BAKER ROAD
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title SECRETARY, DIRECTOR
Name GHAMDARIJANI, SHERRY
Address 3720 NW 43RD STREET #105
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR, PRESIDENT
Name OWENS, JIM
Address 3106 NW 38 STREET
City-State-Zip: GAINESVILLE FL 32606

Title D
Name GIAMBRONE, RICH
Address 4635 NW 53 AVENUE
City-State-Zip: GAINESVILLE FL 32653

Title TREASURER
Name PAGE, PATRICIA
Address 10254 NW 153RD TERRACE
City-State-Zip: ALACHUA FL 32615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM OWENS

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date