### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 739991** 

Entity Name: PINERIDGE MASTER OWNERS ASSOCIATION, INC.

FILED Feb 24, 2015 Secretary of State CC5158724638

# **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 Title D

Name ROBINSON, LESTER Name MARTIN, CAROL

Address 8020 SW 8 AVE Address 4010-A NEWBERRY RD

City-State-Zip: GAINESVILLE FL 32607 City-State-Zip: GAINESVILLE FL 32607

TitleDTitleSECRETARY, DIRECTORNameMCDILDA, MARIONNameGHAHDARIJANI, SHERRY

Address 6282 BAKER ROAD Address 3720 NW 43RD STREET #105

City-State-Zip: KEYSTONE HEIGHTS FL 32656 City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR, PRESIDENT Title D

Name OWENS, JIM Name GIAMBRONE, RICH

Address 3106 NW 38 STREET Address 4635 NW 53 AVENUE

City-State-Zip: GAINESVILLE FL 32606 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