

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739991

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC9833320260**

**Entity Name:** PINERIDGE MASTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11400 TURKEY CREEK BLVD  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 310  
ALACHUA, FL 32616 US

**FEI Number:** 59-1762889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIATION MANAGEMENT SOLUTIONS, LLC  
11400 TURKEY CREEK BLVD  
ALACHUA, FL 32615 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:** SARAH L. BEAVERS

01/19/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title DIRECTOR, PRESIDENT  
Name MCCULLOUGH, MARTHA  
Address 4232 NW 19TH STREET  
City-State-Zip: GAINESVILLE FL 32605

*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:** MARTHA MCCULLOUGH

**PRESIDENT**

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date