## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 739991** 

Entity Name: PINERIDGE MASTER OWNERS ASSOCIATION, INC.

**FILED** Mar 10, 2014 **Secretary of State** CC4565162903

## **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:

10254 NW 153 TERRACE 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: BOB PAGE 03/10/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title D

Name ROBINSON, LESTER Name MARTIN, CAROL

4010-A NEWBERRY RD Address 8020 SW 8 AVE Address

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

PD Title Title

Name PAGE, BOB MCDILDA, MARION Name

Address 10254 NW 153 TERRACE Address 6282 BAKER ROAD City-State-Zip: ALACHUA FL 32615 City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DT Title Name OWENS, JIM

3106 NW 38 STREET Address Address 3610 NW 166 AVENUE

City-State-Zip: GAINESVILLE FL 32606 City-State-Zip: GAINESVILLE FL 32609

Title D

Name

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

OWENS, JANET

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.

03/10/2014 SIGNATURE: BOB PAGE DP

Date