

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006440

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6246521549**

**Entity Name:** PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH STREET  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT  
2021 13TH STREET  
SAINT CLOUD, FL 34769 US

**FEI Number: 59-3228360**

**Certificate of Status Desired: No**

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

BLUE WATER COMMUNITY MANAGEMENT, LLC  
2021 13TH STREET  
SAINT CLOUD, FL 34769 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WILFORD, GARY  
Address 2021 13TH STREET  
City-State-Zip: SAINT CLOUD FL 34769

Title VPD  
Name ARANT, JOEL  
Address 2021 13TH STREET  
City-State-Zip: SAINT CLOUD FL 34769

Title TD, -SEC  
Name FERRERO, LESTER JR.  
Address 2021 13TH STREET  
City-State-Zip: SAINT CLOUD FL 34769

*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: GARY WILFORD**

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date