2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739991

FILED Apr 29, 2009 Secretary of State

Entity Name: PINERIDGE MASTER OWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
|---|--|--------------------|---|--|--|
| TURKEY ALACHUA, | CREEK FL 32615 US | | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| BOX 147050-147 GAINESVILLE, FL 326147050 US | | | | | |
| El Number: | 59-1762889 FEI Number A | applied For () | El Number Not Applicable() | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| TUCKER, BERNADINE M.{ 9 TURKEY CREEK ALACHUA, FL 32615 US | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida. | | | | | |
| SIGNATURE: | | | | | |
| | Electronic Signature o | f Registered Agent | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Fitle: Name: Address: City-St-Zip: | DP () Delete TUCKER, BERNADINE M. 9 TURKEY CREEK ALACHUA, FL 32615 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | D () Delete ROBINSON, LESTER 8020 SW 8 AVE GAINESVILLE, FL 32607 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | D () Delete MARTIN, CAROL 4010-A NEWBERRY RD GAINESVILLE, FL 32607 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | DT () Delete ADAMS, HAWES N 2627 NW 43 STREET A-3 GAINESVILLE, FL 32606 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | D () Delete GIAMBRONE, RICHARD 1439 NW 98 TERR GAINESVILLE, FL 32606 | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD GIAMBRONE D 04/29/2009