

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:47

DOCUMENT # N12098 (2)  
1. Corporation Name  
THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
11595 KELLY ROAD 11595 KELLY ROAD  
STE - 123 STE - 123  
FORT MYERS FL 33908 FORT MYERS FL 33908  
US US

3. Date Incorporated or Qualified 11/14/1985 3a. Date of Last Report 04/29/1994  
4. FEI Number 59-2654041 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 Delete "Ste 123" 27 Delete "Ste 123"  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INNOVATIVE MANAGEMENT GROUP INC  
11595 KELLY ROAD  
STE - 123  
FORT MYERS FL 33908

81 Name CAROL J. HEWKE c/o INNOVATIVE MGT GROUP  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Delete "Ste 123"  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME MURDOCH, JON  
STREET ADDRESS 7170 GOLDEN EAGLE CT., UNIT 123  
CITY-ST-ZIP FT MYERS FL  
TITLE PD  
NAME MAYO, ROBERT  
STREET ADDRESS 7131 GOLDEN EAGLE CT 714  
CITY-ST-ZIP FORT MYERS FL  
TITLE ATD  
NAME STEIN, ROBERT  
STREET ADDRESS 7131 GOLDEN EAGLE CT / STE - 722  
CITY-ST-ZIP FT MYERS FL  
TITLE SD  
NAME HORN, BAYARD  
STREET ADDRESS 7141 GOLDEN EAGLE CT 823  
CITY-ST-ZIP FT MYERS FL  
TITLE D  
NAME MORGAN, DENNIS E  
STREET ADDRESS 7131 GOLDEN EAGLE CT 721  
CITY-ST-ZIP FT MYERS FL  
TITLE VPD  
NAME DAVIDSON, GERALD  
STREET ADDRESS 7111 GOLDEN EAGLE CT  
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE SD ☐ Change ☒ Addition  
1.2 NAME Fowler, Jack  
1.3 STREET ADDRESS 9131 Timber-tree way  
1.4 CITY-ST-ZIP West Chester, OH 45069  
2.1 TITLE VP-AT-D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE VPD ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE PD ☒ Change ☐ Addition  
6.2 NAME Davidson, Gerald  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*[Signature]*

R. J. Mayo

May 28/95

813-768-1075

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)