

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12098

1. Entity Name

THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90106 011 \*\*\*\*61.25

Principal Place of Business	Mailing Address
6213-E PRESENDTIAL CT 6213-E PRESIDENTIAL COURT S.W. FORT MYERS FL 33919 US	6213-E PRESIDENTIAL CT 6213-E PRESIDENTIAL COURT S.W. FORT MYERS FL 33919-3564 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 6213-A Presidential Ct		Suite, Apt. #, etc. 6213-A Presidential Ct	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2654041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENKE, CAROL J C/O HENKE PROPERTY MANAGEMENT INC 6213-E PRESIDENTIAL CT FT MYERS FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 Carol J Henke DATE 4/28/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILKINS, HANK 7171 GOLDEN EAGLE CT 1114 FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAYRE, SAMUEL 7110 GOLDEN EAGLE COURT #422 FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY LUEDER 7141 GOLDEN EAGLE CT #822 FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYO, BOB 7131 GOLDEN EAGLE CT, #714 FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BASSETT, LINDA 7110 GOLDEN EAGLE CT 421 FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, BAYARD 7141 GOLDEN EAGLE COURT, STE #823 FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON FRENCH 7151 GOLDEN EAGLE CT #911 FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol J Henke **REQUIRED** DATE 4/27/00 941-481-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)