

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90073 024 \*\*\*\*61.25

**DOCUMENT # N12098**

1. Entity Name

**THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC**

Principal Place of Business

621A PRESENTIAL CT  
FORT MYERS FL 33919  
US

Mailing Address

621A PRESENTIAL CT  
FORT MYERS FL 33919  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2654041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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-A 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
DST WILKINS, HANK 7171 GOLDEN EAGLE CT 1114 FT MYERS FL 33912	<input type="checkbox"/>		<input type="checkbox"/>
D LUEDER, TERRY 7141 GOLDEN EAGLE CT #822 FORT MYERS FL 33912	<input type="checkbox"/>	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP MAYO, BOB 7131 GOLDEN EAGLE CT, #714 FT MYERS FL 33912	<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVP BASSETT, LINDA 7110 GOLDEN EAGLE CT 421 FT MYERS FL 33912	<input checked="" type="checkbox"/>	DVP TREICHEL DONALD 7111 GOLDEN EAGLE CT #514 FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D FRENCH, RON 7151 GOLDEN EAGLE CT #911 FORT MYERS FL 33912	<input type="checkbox"/>	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT****4-3-2001**

Date

**941-481-7150**

Daytime Phone #

CR2E037 (10/00)