

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002407

FILED
Feb 22, 2012
Secretary of State

Entity Name: SANDY PINES PRESERVE PHASES THREE AND FOUR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2276 SPRING CREEK CIR., N.E.
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120096
MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 59-3721171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ST. JOHN, CORE & LEMME, PA'S
1601 FORUM PLACE STE 701
W PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: FREEMAN, DONALD
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: T
Name: PIPER, JONATHAN
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: D
Name: ROBERTS, ARTHUR
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: VP
Name: RUGGERE, PAUL
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: S
Name: BUTLER, CATHERINE
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

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: DONALD FREEMAN

P

02/22/2012

Electronic Signature of Signing Officer or Director

_____ Date