

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759071

**Entity Name:** SANDS POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1167 OCEAN SHORE BLVD  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

PO BOX 291844  
PORT ORANGE, FL 32129 US

**FEI Number:** 59-2254593

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUSAN GLAD BOOKKEEPING, LLC  
157 BRANDY HILLS DRIVE  
PORT ORANGE, FL 32129 US

*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

**Officer/Director Detail :**

Title VP  
Name ERICSON, BARBARA  
Address 2314 SUGAR CREEK DR  
City-State-Zip: LAKELAND FL 33811

Title S  
Name LUCAS, CAROL  
Address 2221 TANGLEWOOD RD  
City-State-Zip: DECATUR GA 30033

Title T  
Name HAGEN, MATHEW  
Address 2688 BREEZY MEADOW RD  
City-State-Zip: APOPKA FL 32712

Title P  
Name WARE, DOLORES  
Address 1347 ARDEN DRIVE  
City-State-Zip: MARIETTA GA 30008

Title D  
Name BOYE, PAM  
Address 4025 DAIRY RD  
City-State-Zip: TITUSVILLE FL 32796

*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:** DOLORES WARE

**PRESIDENT**

**04/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date