

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002407

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**8760665394CC**

**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

**Current Mailing Address:**

P.O. BOX 120096  
MELBOURNE, FL 32912

**FEI Number: 59-3721171**

**Certificate of Status Desired: No**

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

ROSSIN & BURR, PLLC  
1550 SOUTHERN BLVD  
SUITE 100  
WEST PALM BEACH, FL 33406 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: ROBERT BURR**

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GERBER, STANLEY  
Address PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title SECRETARY  
Name CAPRARIO, ARTHUR  
Address PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title PRESIDENT  
Name SCHAICH, KARL  
Address PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title VP  
Name JONES, KAREN  
Address PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title TREASURER  
Name HOTALSKI, NICHOLAS  
Address P.O. BOX 120096  
City-State-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: KARL SCHAICH**

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date