Electronic Signature of Signing Officer/Director Detail

<u>2021 Fl</u>	LORIDA	NOT FOR	<b>PROFIT</b>	CORPOR	RATION	<u>AMENDED</u>	ANNUAL
REPORT	<u>r</u>						

DOCUMENT# N0100002407

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

#### **Current Principal Place of Business:**

2276 SPRING CREEK CIRCLE NE PALM BAY, FL 32905

# **Current Mailing Address:**

PO BOX 120096 MELBOURNE, FL 32912 US

# FEI Number: 59-3721171

# 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	E: ROBERT B. BURR	08/31/2021			
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	SECRETARY		
Name	NEVINS, WILLIAM	Name	TRAVIS, WILLIAM		
Address	PO BOX 120096	Address	PO BOX 120096		
City-State-Zip:	MELBOURNE FL 32912	City-State-Zip:	MELBOURNE FL 32912		
Title	PRESIDENT	Title	TREASURER		
Name	VARGO, JOSEPH	Name	GERBER, STANLEY		
Address	PO BOX 120096	Address	PO BOX 120096		
City-State-Zip:	MELBOURNE FL 32912	City-State-Zip:	MELBOURNE FL 32912		
Title	VP				
Name	BISHOP, DEBORAH				
Address	PO 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.

)

PRESIDENT

08/31/2021

# FILED Aug 31, 2021 Secretary of State 0443554243CC

Certificate of Status Desired: Yes

Date