

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100002407

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC2603295533**

**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:**

ST. JOHN, CORE & LEMME, PA'S  
1601 FORUM PLACE STE 701  
W PALM BEACH, FL 33401 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            PRESIDENT  
Name            PIPER, JONATHAN  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title            TREASURER  
Name            BUTLER, WILLIAM  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title            D  
Name            STEWART, LUKE  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

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

Title            S  
Name            JONES, KAREN  
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.*

**SIGNATURE: JONATHAN PIPER**

**PRESIDENT**

**03/24/2014**

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

\_\_\_\_\_  
Date