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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

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

DOCUMENT# N0100002407

#### **Current Mailing Address:**

P.O. BOX 120096 MELBOURNE, FL 32912

### FEI Number: 59-3721171

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

ST. JOHN ROSSIN & BURR, PLLC 1601 FORUM PLACE STE 700 W PALM BEACH, FL 33401 US Certificate of Status Desired: No

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 B. BURR		-	03/25/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	BREESE, GORDON	Name	BUTLER, WILLIAM	
Address	PO BOX 120096	Address	PO BOX 120096	
City-State-Zip:	MELBOURNE FL 32912	City-State-Zip:	MELBOURNE FL 32912	
Title	TREASURER	Title	VP	
Name	BERRY, DANIEL	Name	SPRINGER, MELISSA	
Address	PO BOX 120096	Address	PO BOX 120096	
City-State-Zip:	MELBOURNE FL 32912	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: GORDON BREESE

PRESIDENT

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Mar 25, 2015 Secretary of State CC6605725605