

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002560

Entity Name: SANDS OF CARRABELLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NE AVENUE A
CARRABELLE, FL 32322

Current Mailing Address:

PO BOX 876
EASTPOINT, FL 32328 US

FEI Number: 84-1640808

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
215 BONCYCLE LAND DR.
EASTPOINT, FL 32328 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: WAYNE M GLEASMAN

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MEACHAM, TERESA
Address 7901 SHALLOWFORD ROAD
City-State-Zip: UPATOI GA 31829

Title VP
Name KOHUT, STEVEN
Address 502B AVE A
City-State-Zip: CARRABELLE FL 32322

Title SECRETARY, TREASURER
Name WOOD, BRENDA
Address 9823 HAWK RIDGE ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name GLACCUM, MARK
Address 415 GORDON AVE
City-State-Zip: THOMASVILLE GA 31792

Title DIRECTOR
Name GARRISON, MIKE
Address 12386 WATERFRONT DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name SHIELDS, KEITH
Address 501 A AVENUE A
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name GOGGINS, WELCH
Address 331 SPRING LAKE ROAD
City-State-Zip: THOMASVILLE GA 31792

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: TERESA MEACHAM

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04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date