

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002325

**Entity Name:** SEA POINTE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

327 S CO HWY 393  
SUITE 201  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P O BOX 2296  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 82-2309723

**Certificate of Status Desired:** No

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

LOCAL ASSOCIATION MANAGEMENT LLC  
327 S CO HWY 393  
SUITE 201  
SANTA ROSA BEACH, FL 32459 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:** LAM

04/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES, TREASURER, SECRETARY  
Name FIELD, DONALD  
Address 327 S CO HWY 393  
SUITE 201  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name GIBSON, CYNTHIA  
Address P O BOX 2296  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP  
Name PAULETTE, CARY  
Address 327 S CO HWY 393  
SUITE 201  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name PAULETTE, TRACI  
Address 327 S CO HWY 393  
SUITE 201  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** DONALD FIELD

PRESIDENT

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date