

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005800

Entity Name: SANDS POINTE HOMEOWNERS' ASSOCIATION OF BAKER COUNTY, INC.

FILED
Apr 03, 2024
Secretary of State
3222374519CC

Current Principal Place of Business:

C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
ORLANDO, FL 32801

Current Mailing Address:

C/O REALMANAGE
P O BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-3807336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JONATHAN M ESQ
4348 SOUTHPOINT BOULEVARD
SUITE 101
JACKSONVILLE, FL 32216 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 DIRECTOR
Name BERCAW, K.
Address C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
City-State-Zip: ORLANDO FL 32801

Title VP
Name MILLER, SAMUEL
Address C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name KINNAIRD, KARMA
Address C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name PARNELL, DANIEL
Address C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name FLETCH, CATHY
Address C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
City-State-Zip: ORLANDO FL 32801

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: DANIEL PARNELL

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date