

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

DOCUMENT# N36686

**Entity Name:** SAND PEBBLE POINTE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

6454 RIDGE RD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

PO BOX 1407  
PORT RICHEY, FL 34673 US

**FEI Number:** 59-2999794

**Certificate of Status Desired:** No

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

SYRASKI, MARYANN  
6454 RIDGE RD  
PORT RICHEY, FL 34668 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:** MARYANN SYRASKI

03/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name TEIXEIRA, ALAN  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title DIR  
Name DARVILLE, DON  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title TRE  
Name ROGERS, CHARLIE  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title PRE  
Name HATFIELD , JOHN  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title VP  
Name HILL, JARED  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title SEC  
Name PIETTE, DIANE  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title DIR  
Name WIEST, BRET  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title DIR  
Name DUNCAN, BOB  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

**Continues on page 2**

*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:** HATFIELD , JOHN

PRE

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIR  
Name O'NEILL, STEVE  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title DIR  
Name STROBBE, MICHAEL  
Address PO BOX 1407  
City-State-Zip: PORT RICHEY FL 34673