

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010403

**Entity Name:** SANDOVAL COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jan 12, 2022**  
**Secretary of State**  
**3921180077CC**

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number: 80-0102415**

**Certificate of Status Desired: No**

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

ASSOCIA GULF COAST  
12140 CARISSA COMMERCE COURT  
200  
FORT MYERS, FL 33966 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: JOHN HENSLEY**

**01/12/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SPOONER, RONALD  
Address        C/O ASSOCIA GULF COAST  
                 SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            TUBB, WILLIAM  
Address        C/O ASSOCIA GULF COAST  
                 SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            STEPHENS, GRADY  
Address        C/O ASSOCIA GULF COAST  
                 SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            PALMER, MELANIE  
Address        2573 SANDOVAL PARKWAY  
City-State-Zip: CAPE CORAL FL 33991

Title            DIRECTOR  
Name            CONWAY, KATHLEEN  
Address        C/O ASSOCIA GULF COAST  
                 SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            STOUT, MARILYN  
Address        C/O ASSOCIA GULF COAST  
                 SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*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: RONALD SPOONER**

**PRESIDENT**

**01/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date