

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005800

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

**FILED  
Mar 02, 2023  
Secretary of State  
7143069863CC**

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

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

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

Title           TREASURER  
Name           PARNELL, DANIEL  
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: SAMUEL MILLER**

**PRESIDENT**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date