

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005800

FILED
Mar 18, 2022
Secretary of State
1856454884CC

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

Current Principal Place of Business:

C/O REALMANAGE
135 W CENTRAL BLVD SUITE 720
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
 135 W CENTRAL BLVD SUITE 720
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name MILLER, SAMUEL
Address C/O REALMANAGE
 135 W CENTRAL BLVD SUITE 720
City-State-Zip: ORLANDO FL 32801

Title VP
Name KINNAIRD, KARMA
Address C/O REALMANAGE
 135 W CENTRAL BLVD SUITE 720
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name CARTER, JENIFER
Address C/O REALMANAGE
 135 W CENTRAL BLVD SUITE 720
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name PARNELL, DANIEL
Address C/O REALMANAGE
 135 W CENTRAL BLVD SUITE 720
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

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date