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Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44283 (2)
 1. Corporation Name
BISCAYNE POINTE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.



Principal Place of Business 1967 BISCAYNE BLVD NAVARRE FL 32566 US	Mailing Address 1967 BISCAYNE BLVD NAVARRE FL 32566-2826 US
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3. Date Incorporated or Qualified 07/09/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2067 Pine Branch Dr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 5615 Suite, Apt. #, etc. 27	4. FEI Number 59-3180839	Applied For Not Applicable
City & State 23 NAVARRE FL	City & State 28 NAVARRE FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32566	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29 32566	Country 30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANNELLA, MARK E.
1967 BISCAYNE BLVD
NAVARRE FL 32566

81 Name Lamb, Morgan
82 Street Address (P.O. Box Number Is Not Acceptable) 2067 Pine Branch Dr
83
84 City NAVARRE FL
85 Zip Code 32566

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Morgan Lamb MORGAN LAMB TREASURER 17 AUG 1997
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPARTS, MIKE 9377 STONEHURST CT. NAVARRE FL 32568	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Thompson, Leon 1880 Biscayne Blvd NAVARRE FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV SANDS, JENNIFER 9331 VANDIVERE DR. NAVARRE FL 32568	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	OV Brennan, Mike
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT CANNELLA, MARK 1967 BISCAYNE BLVD NAVARRE FL 32568	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT Lamb, Morgan 2067 Pine Branch Dr. NAVARRE FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NICELY, SHELLEY 9385 STONEHURST CT. NAVARRE FL 32568	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS Lamb, Danielle 2067 Pine Branch Dr. NAVARRE FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 in change or of an attachment with an address.

CR2E037 (9/96)