2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# N44283

Entity Name: BISCAYNE POINTE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.

Current Principal Place of Business:

BECKER & POLIAKOFF P.A
348 MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

BISCAYNE POINT PINE RANCH
8668 NAVARRA PKWY #263
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3180839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR
248 MIRACLE STRIP PKWY SW STE 7
FT WALTON BEACH, FL US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EPSTEIN, LISA
Address: 9300 VANDIVERE DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: GISELLE, ALVAREZ
Address: 9324 VANDIVERE DR
City-St-Zip: NAVARRE, FL 32566

Title: P ( ) Delete
Name: LEWIS, EDWARD
Address: 2039 PINE RANCH DR
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete
Name: LAMB, MORGAN
Address: 2067 PINE RANCH DR
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete
Name: SCANDONE, FRANK
Address: 2043 PINE RANCH DR
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: PARRISH, JAMES
Address: 2025 BISCAYNE BLVD.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK SCANDONE T 02/22/2006

Electronic Signature of Signing Officer or Director — Date