

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44283

**Entity Name:** BISCAYNE POINTE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**7744093545CC****Current Principal Place of Business:**BISCAYNE POINT HOA OF SANTA ROSA COUNTY  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504**Current Mailing Address:**BISCAYNE POINT HOA OF SANTA ROSA COUNTY  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US**FEI Number: 59-3180839****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KELLEY, CHERYL E  
BISCAYNE POINT HOA OF SANTA ROSA COUNTY  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 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: CHERYL E KELLEY****04/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** SECRETARY  
**Name** MEDSKER, SEAN  
**Address** 9387 VANDIVERE DR  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** BROWN, DAVE  
**Address** 9515 LUCIAN CT.  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** KLINKOVICH, MICHAEL  
**Address** 1690 PINE RANCH DR  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** JENNER, BRIAN  
**Address** 1993 BISCAYNE BLVD  
**City-State-Zip:** NAVARRE FL 32566**Title** TREASURER  
**Name** TRACY, TYLER  
**Address** 2046 PINE RANCH RD  
**City-State-Zip:** NAVARRE FL 32566**Title** PRESIDENT  
**Name** JARSKY, BOB  
**Address** 2040 PINE RANCH DR.  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** DAVIS, BRETT  
**Address** 9380 VANDIVERE DR.  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** STROM, NEIL  
**Address** 9312 VANDIVERE DR.  
**City-State-Zip:** NAVARRE FL 32566**Continues on page 2**

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: DEBORAH WHITLEY****DIRECTOR****04/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WHITLEY, DEBORAH
Address	9366 CHELMESFORD CT.
City-State-Zip:	NAVARRE FL 32566