

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44283

Entity Name: BISCAYNE POINTE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.**FILED**
Feb 28, 2014
Secretary of State
CC0996563711**Current Principal Place of Business:**BISCAYNE POINT HOA C/O FRANK SCANDONE
2043 PINE RANCH DRIVE
NAVARRE, FL 32566**Current Mailing Address:**BISCAYNE POINT HOA C/O FRANK SCANDONE
2043 PINE RANCH DRIVE
NAVARRE, FL 32566 US**FEI Number: 59-3180839****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNCHARD & GREENE, P.L.
1901 ANDORRA STREET
NAVARRE, FL 32566 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 PRESIDENT
Name WYMORE, JUSTIN R
Address 9369 STONEHURST CT
City-State-Zip: NAVARRE FL 32566Title VP
Name HUMMEL, RAYMOND
Address 1975 BISCAYNE BLVD
City-State-Zip: NAVARRE FL 32566Title SECRETARY
Name COUCH, CURTIS D
Address 9368 STONEHURST CR
City-State-Zip: NAVARRE FL 32566Title DIRECTOR
Name PERRY, STEVEN C
Address 9383 VANDIVER DR
City-State-Zip: NAVARRE FL 32566Title TREASURER
Name SCANDONE, FRANK
Address 2043 PINE RANCH DR
City-State-Zip: NAVARRE FL 32566Title DIRECTOR
Name MITCHELL, BRIAN K
Address 9344 VANDIVERE DR
City-State-Zip: NAVARRE FL 32566Title DIRECTOR
Name KLINKOVICH, MICHAEL
Address 1690 PINE RANCH DR
City-State-Zip: NAVARRE FL 32566Title DIRECTOR
Name WICHES, THOMAS
Address 9271 HANSEL 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: JUSTIN WYMORE**PRESIDENT****02/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RILL, CHRISTOPHER
Address	2046 PINE RANCH DR
City-State-Zip:	NAVARRE FL 32566