

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44283

**Entity Name:** BISCAYNE POINTE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.**FILED**  
**May 19, 2020**  
**Secretary of State**  
**8717334730CC****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

05/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR  
Name BROWN, DAVE  
Address 9515 LUCIAN CT.  
City-State-Zip: NAVARRE FL 32566Title DIRECTOR  
Name TRACY, TYLER  
Address 2046 PINE RANCH RD  
City-State-Zip: NAVARRE FL 32566Title DIRECTOR  
Name DAVIS, BRETT  
Address 9380 VANDIVERE DR.  
City-State-Zip: NAVARRE FL 32566Title VP  
Name STROM, NEIL  
Address 9312 VANDIVERE DR.  
City-State-Zip: NAVARRE FL 32566Title PRESIDENT  
Name WHITLEY, DEBORAH  
Address 9366 CHELMESFORD CT.  
City-State-Zip: NAVARRE FL 32566Title TREASURER  
Name SCHULTZ, TAMMY  
Address 1983 BISCAYNE BLVD  
City-State-Zip: GULF BREEZE FL 32566Title DIRECTOR  
Name HAUSE, ROBERT  
Address 2000 PINE RANCH DR.  
City-State-Zip: GULF BREEZE FL 32566Title DIRECTOR  
Name GRANFIELD, CYNTHIA  
Address 1913 BISCAYNE BLVD.  
City-State-Zip: GULF BREEZE 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:** TILNEY, RALPH**SECRETARY**

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | TILNEY, RALPH        |
| Address         | 9294 VANDIVERE DR.   |
| City-State-Zip: | GULF BREEZE FL 32566 |