

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44283

**Entity Name:** BISCAYNE POINTE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC7391234806****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:**THOMPSON, MARILYN  
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: MARILYN THOMPSON****04/03/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** GIBSON, TYREL  
**Address** 1961 PINE RANCH DRIVE  
**City-State-Zip:** NAVARRE FL 32566**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** JENNER, BRIAN  
**Address** 1993 BISCAYNE BLVD  
**City-State-Zip:** NAVARRE FL 32566**Title** VP  
**Name** JARSKEY, JAMES  
**Address** 2040 PINE RANCH DRIVE  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** ANDERSON, JOHN  
**Address** BISCAYNE POINT HOA  
2043 PINE RANCH DRIVE  
**City-State-Zip:** NAVARRE FL 32566**Title** DIRECTOR  
**Name** KLINKOVICH, MICHAEL  
**Address** 1690 PINE RANCH DR  
**City-State-Zip:** NAVARRE FL 32566**Title** TREASURER  
**Name** TRACY, TYLER  
**Address** 2046 PINE RANCH RD  
**City-State-Zip:** NAVARRE FL 32566

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: TYREL GIBSON****AGENT****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date