

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90063 028 \*\*\*\*61.25

**DOCUMENT # N44283**

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



Principal Place of Business  
**BECKER & POLIAKOFF P.A.  
348 MIRACLE STRIP PKWY  
FORT WALTON BEACH, FL 32548 US**

Mailing Address  
**BISCAYNE POINT PINE RANCH  
8668 ~~NAVARRE~~ PKWY #263 *Navarre*  
NAVARRE, FL 32566 US**

**50062764**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3180839**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **EPSTEIN, LISA**  
STREET ADDRESS **9300 VANDIVERE DRIVE**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **Alvarez, Giselle D** ☐ Change ☒ Addition  
NAME **9324 Vandivere Dr.**  
STREET ADDRESS **Navarre, FL 32566**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **OSTER, STEVE**  
STREET ADDRESS **9388 VANDIVERE DRIVE**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **P** ☒ Change ☐ Addition  
NAME **Edward, Lewis**  
STREET ADDRESS **2039 Pine Ranch Dr., Navarre, FL 32566**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **CURTIS, CAROL**  
STREET ADDRESS **2046 PINE RANCH DRIVE**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Morgan, Lamb**  
STREET ADDRESS **2067 Pine Ranch Dr.**  
CITY-ST-ZIP **Navarre, FL 32566**

TITLE **P** ☒ Delete  
NAME **KARONY, LINDA**  
STREET ADDRESS **9352 VANDIVERE DR**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **S** ☐ Change ☒ Addition  
NAME **Michele Sweet**  
STREET ADDRESS **9304 Lilge Cir.**  
CITY-ST-ZIP **Navarre, FL 32566**

TITLE **T** ☐ Delete  
NAME **SCANDONE, FRANK**  
STREET ADDRESS **2043 PINE RANCH DR**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PARRISH, JAMES**  
STREET ADDRESS **2025 BISCAYNE BLVD.**  
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michele Sweet*

*Michele Sweet*

*8/12/2005*

*850-939-1717*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #