

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

DOCUMENT# N95000003954

**Entity Name:** SANTA CRUZ HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GULFSTREAM SERVICES MANAGEMENT  
1500 GATEWAY BLVD SUITE 220  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

C/O GULFSTREAM SERVICES MANAGEMENT  
P.O. BOX 244225  
BOYNTON BEACH, FL 33424-4225 US

**FEI Number:** 65-0627753

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KONYK & LEMME, PLLC  
140 INTRACOASTAL POINTE DRIVE  
SUITE 310  
JUPITER, FL 33477 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:** CHELLE KONYK

12/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NICOLETTI, PATRICIA  
Address        C/O GULFSTREAM SERVICES  
                  MANAGEMENT  
                  P.O. BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424-4225

Title            SECRETARY  
Name            ELKHATIB, OMAR  
Address        C/O GULFSTREAM SERVICES  
                  MANAGEMENT  
                  P.O. BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424-4225

Title            VP  
Name            WARE, NICOLE  
Address        C/O GULFSTREAM SERVICES  
                  MANAGEMENT  
                  P.O. BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424-4225

Title            TREASURER  
Name            GALARZA, YVONNE  
Address        C/O GULFSTREAM SERVICES  
                  MANAGEMENT  
                  P.O. BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424-4225

Title            DIRECTOR  
Name            BAIR, JONAS LEHMAN  
Address        C/O GULFSTREAM SERVICES  
                  MANAGEMENT  
                  P.O. BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424-4225

*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:** PATRICIA NICOLETTI

P

12/16/2020

Electronic Signature of Signing Officer/Director Detail

Date