

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05085

1. Entity Name

FIRST ADDITION TO SANTA ROSA VILLAS OWNERS ASSOC

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90067 046 ****61.25

Principal Place of Business
32 CALLE HERMOSA
PENSACOLA BEACH FL 32561
US

Mailing Address
32 CALLE HERMOSA
PENSACOLA BEACH FL 32561-2423
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
21-0226880

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

KREITZBERG, KAREN
32 CALLE HERMOSA
PENSACOLA BEACH FL 32561

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, DOUGLAS E	
STREET ADDRESS	36 CALLE HERMOSA	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRUTRE-SMITH, MILDRED	
STREET ADDRESS	36 CALLE HERMOSA	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, JERRY	
STREET ADDRESS	20 CALLE HERMOSA	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KREITZBERG, KAREN	
STREET ADDRESS	32 CALLE HERMOSA	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGARTLAND, MIKE	
STREET ADDRESS	14 CALLE HERMOSA	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen Kreitzberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)