

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N05085**

1. Entity Name

**FIRST ADDITION TO SANTA ROSA VILLAS OWNERS ASSOC**

Principal Place of Business

**32 CALLE HERMOSA  
PENSACOLA BEACH FL 32561  
US**

Mailing Address

**32 CALLE HERMOSA  
PENSACOLA BEACH FL 32561  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **21-0226880**Applied For  
Not Applicable5. 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  
After September 12, 2001, min. will be \$236.25**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

TITLE **P** ☐ Delete  
NAME **SMITH, DOUGLAS E**  
STREET ADDRESS **36 CALLE HERMOSA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE **D** ☐ Delete  
NAME **FRUTRE-SMITH, MILDRED**  
STREET ADDRESS **36 CALLE HERMOSA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE **D** ☒ Delete  
NAME **PAYNE, JERRY**  
STREET ADDRESS **20 CALLE HERMOSA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE **STD** ☐ Delete  
NAME **KREITZBERG, KAREN**  
STREET ADDRESS **32 CALLE HERMOSA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE **D** ☐ Delete  
NAME **MCGARTLAND, MIKE**  
STREET ADDRESS **14 CALLE HERMOSA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

*[Signature]***FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90020 016 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)