

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002165

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** SANTA FE AUDUBON SOCIETY, INCORPORATED

**Current Principal Place of Business:**

280 SE 31ST WAY  
MELROSE, FL 326665110

**New Principal Place of Business:**

**Current Mailing Address:**

280 SE 31ST WAY  
MELROSE, FL 326665110

**New Mailing Address:**

**FEI Number:** 26-4406972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERKELMAN, LAURA  
6402 LATCHSTRING ROAD  
MELROSE, FL 32666 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KING, JOYCE  
Address: 280 SE 31ST WAY  
City-St-Zip: MELROSE, FL 326665110 US

Title: VP  
Name: MCGHEE, SANDY  
Address: 118 LAKE EDGE TRAIL  
City-St-Zip: MELROSE, FL 32666 US

Title: T  
Name: BERKELMAN, LAURA  
Address: 6402 LATCHSTRING RD.  
City-St-Zip: MELROSE, FL 32666 US

Title: D  
Name: MCGUIRE, JILL  
Address: P. O. BOX 1206  
City-St-Zip: MELROSE, FL 32666 US

Title: D  
Name: TYNER, PAULA  
Address: 1638 NW 22ND CIRCLE  
City-St-Zip: GAINESVILLE, FL 32666 US

Title: D  
Name: LEVIN, BETTY  
Address: 169 BUMPY ROAD  
City-St-Zip: MELROSE, FL 326665110 US

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: LAURA BERKELMAN

T

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date