

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002165

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC5039149826**

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

**Current Principal Place of Business:**

280 SE 31ST WAY  
MELROSE, FL 32666-5110

**Current Mailing Address:**

280 SE 31ST WAY  
MELROSE, FL 32666-5110

**FEI Number:** 26-4406972

**Certificate of Status Desired:** Yes

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

BERKELMAN, LAURA  
6402 LATCHSTRING ROAD  
MELROSE, FL 32666 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KING, JOYCE  
Address 280 SE 31ST WAY  
City-State-Zip: MELROSE FL 32666-5110

Title VP  
Name MCGEE, SANDY  
Address 118 LAKE EDGE TRAIL  
City-State-Zip: MELROSE FL 32666

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

Title D  
Name CHITTY, BILL  
Address 119 POCAHONAS RD.  
City-State-Zip: FLORAHOME FL 32140

Title S  
Name ROSENBLATT, BETTY  
Address 169 BUMPY ROAD  
City-State-Zip: MELROSE FL 32666-5110

Title DIRECTOR  
Name PIERCE, M. AN  
Address 249 HERMAN DR.  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
Name BIRD, ROBERT  
Address PO BOX 856  
City-State-Zip: KEYSTONE HEIGHTS, FL FL 32656

Title DIRECTOR  
Name BOLLUM, KEITH  
Address 5910 HAMPTON STREET  
City-State-Zip: MELROSE FL 32666

**Continues on page 2**

*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

**TREASURER**

**01/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SLOANE, JOHN  
Address        580 S. LAWRENCE BLVD.  
City-State-Zip: KEYSTONE HEIGHTS FL 32666

Title           DIRECTOR  
Name           SUNQUIST, MEL  
Address        124 MASON ROAD  
City-State-Zip: MELROSE FL 32666