

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002165

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

**Current Principal Place of Business:**

6402 LATCHSTRING RD  
MELROSE, FL 32666

**Current Mailing Address:**

PO BOX 533  
MELROSE, FL 32666 US

**FEI Number:** 26-4406972

**Certificate of Status Desired:** Yes

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

BERKELMAN, LAURA  
6402 LATCHSTRING RD  
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:** LAURA BERKELMAN

01/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title           DIRECTOR  
Name           SEGALL, JOY  
Address        179 LONG LAKE RD.  
City-State-Zip: HAWTHORNE FL 32640

Title           PRESIDENT  
Name           CARLOCK, SALLIE  
Address        105 MELROSE RD.  
City-State-Zip: MELROSE FL 32666

Title           VP  
Name           ROHMAN, F. CELINA  
Address        2134 SE CR 21 B  
City-State-Zip: MELROSE FL 32666

Title           DIRECTOR  
Name           ROSENBLATT, BETTY  
Address        163 ASHLEY LAKE DRIVE  
City-State-Zip: MELROSE FL 32666

Title           DIRECTOR  
Name           MOSER, BETTINA  
Address        105 SW 41ST STREET  
City-State-Zip: GAINESVILLE FL 32607

Title           DIRECTOR  
Name           WILLIAMSON, JACQUELINE  
Address        4442 SE CR 21B  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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*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 A BERKELMAN

**TREASURER**

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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