


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90080 020 ****61.25

DOCUMENT # 743966

1. Entity Name
GANTREE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**202 GENET CT.
SUN CITY CENTER FL 33573** **202 GENET CT.
SUN CITY CENTER FL 33573**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1880349 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**HINES, JAMES P JR
315 S HYDE PARK AVE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUPEE, BEATRICE M	
STREET ADDRESS	202 GENET CT.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MUROSKI, PATRICIA	
STREET ADDRESS	211 RICKENBACKER DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCOLÉS, ROBERTA	
STREET ADDRESS	214 GENET CT	
CITY-ST-ZIP	SUN CITY CENTER, FL00000 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARIE T	
STREET ADDRESS	207 RICKENBACKER DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPEE, JAMES A SR	
STREET ADDRESS	202 GENET CT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLÉS, ROBERTA	
STREET ADDRESS	214 GENET CT	
CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, NELSON	
STREET ADDRESS	211 GENET CT	
CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINDRED, JEWEL	
STREET ADDRESS	204 GENET CT	
CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
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: *Beatrice M. Dupee, Pres.* **BEATRICE M. DUPEE** 1-21-04 813-633-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #