

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 743966

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



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

Mailing Address
**202 GENET CT.
SUN CITY CENTER, FL 33573**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1880349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUPEE, BEATRICE M
STREET ADDRESS 202 GENET CT.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD
NAME MUROSKI, PATRICIA
STREET ADDRESS 211 RICKENBACKER DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D
NAME SCOLLES, ROBERTA
STREET ADDRESS 214 GENET CT
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D
NAME ROBINSON, SHARA
STREET ADDRESS 203 GENET COURT
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D
NAME DUPEE, JAMES A SR
STREET ADDRESS 202 GENET CT
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE T
NAME MOSS, JOANNE
STREET ADDRESS 205 RICKENBACKER DR.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

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01/10/07-80046-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-04-07 813-633-6208

BEATRICE M. DUPEE