



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743966</b> 1. Entity Name <b>GANTREE PROPERTY OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>202 GENET CT. SUN CITY CENTER, FL 33573</b>	Mailing Address <b>202 GENET CT. SUN CITY CENTER, FL 33573</b>
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DO NOT WRITE IN THIS SPACE

	
01042008 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>59-1880349</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HINES, JAMES P JR 315 S HYDE PARK AVE TAMPA, FL 33606</b>	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUPEE, BEATRICE M 202 GENET CT. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MUROSKI, PATRICIA 211 RICKENBACKER DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOLES, ROBERTA 214 GENET CT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, SHARA 203 GENET COURT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUPEE, JAMES A SR 202 GENET CT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOSS, JOANNE 205 RICKENBACKER DR. SUN CITY CENTER, FL 33573

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01/11/08-80011-006 61.25

DO NOT WRITE  
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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.

<b>SIGNATURE</b> <i>Beatrice M. Dupee</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01-08-2008 813-633-6208 Date Daytime Phone #
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*Beatrice M. Dupee*