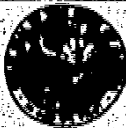


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N38065 (1)
1. Corporation Name
GUS BERT FARMS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**% DEAN COXEN
RT. 3 BOX 430C
HAVANA FL 32333**

3. Date Incorporated or Qualified **05/09/1990** 3a. Date of Last Report **05/11/1994**
4. FBI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**SHELPER, JAMES O.
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, DENNIS	1.2 NAME	
STREET ADDRESS	P.O. BOX 736, GUS BERT DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAVANA FL 32333	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	TADLOCK, BRENDA	2.2 NAME	
STREET ADDRESS	RT. 3 BOX 430T	2.3 STREET ADDRESS	
CITY - ST - ZIP	HAVANA FL 32333	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, HARRY	3.2 NAME	
STREET ADDRESS	2807 TREBARK DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32333	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	COXEN, DEAN	4.2 NAME	President
STREET ADDRESS	RT. 3 BOX 430C	4.3 STREET ADDRESS	Haney, Leonard
CITY - ST - ZIP	HAVANA FL 32333	4.4 CITY - ST - ZIP	Rte 3 Box 430H
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	COXEN, BETSY	5.2 NAME	
STREET ADDRESS	RT. 3 BOX 430C	5.3 STREET ADDRESS	
CITY - ST - ZIP	HAVANA FL 32333	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HANEY, LEONARD	6.2 NAME	Director
STREET ADDRESS	RT. 3 BOX 430H	6.3 STREET ADDRESS	Grimes, Steve
CITY - ST - ZIP	HAVANA FL 32333	6.4 CITY - ST - ZIP	Rt 3 Box 430

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth J. Coxen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/95

DATE

487-1235

DAYTIME PHONE #