FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
% DEAN COXEN RT. 3 BOX 430C HAVANA FL 32333	% 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. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHELFER, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President	☒ Change ☐ Addition
NAME	COXEN, DEAN	4.2 NAME	Haney, Leonard	
STREET ADDRESS	RT. 3 BOX 430C	4.3 STREET ADDRESS	Rte 3 Box 430H	
CITY-ST-ZIP	HAVANA FL 32333	4.4 CITY-ST-ZIP	Havana, Fl 32333	
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	Director	☐ Change ☒ Addition
NAME	HANEY, LEONARD	6.2 NAME	Grimes, Steve	
STREET ADDRESS	RT. 3 BOX 430H	6.3 STREET ADDRESS	Rt 3 Box 430	
CITY-ST-ZIP	HAVANA FL 32333	6.4 CITY-ST-ZIP	Havana, Fl 32333	

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 119.07(3)(i), 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 617, 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 04/23/95 487-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000007