

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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RT. 3 BOX 430C
HAVANA FL 32333

3. Date Incorporated or Qualified
05/09/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELPER, JAMES O.
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312**

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 617.0502 and 617.1508, 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 617.0503, 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** ☐ DELETE
NAME **COOPER, DENNIS**
STREET ADDRESS **P.O. BOX 736, GUS BERT DR**
CITY-ST-ZIP **HAVANA FL 32333**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **TADLOCK, BRENDA**
STREET ADDRESS **RT. 3 BOX 430T**
CITY-ST-ZIP **HAVANA FL 32333**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **MARTINEZ, HARRY**
STREET ADDRESS **2807 TREBARK DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32333**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **LEONARD, HANEY**
STREET ADDRESS **RTE 3 BOX 430C**
CITY-ST-ZIP **HAVANA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **COXEN, BETSY**
STREET ADDRESS **RT. 3 BOX 430C**
CITY-ST-ZIP **HAVANA FL 32333**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GRIMES, STEVE**
STREET ADDRESS **RT 3 BOX 430**
CITY-ST-ZIP **HAVANA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: **Betsy Coxen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betsy Coxen

04/24/96

Date

**487-1235 wk
539-8001 hm**

Daytime Phone #

CR2E037 (12/95)