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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32333-9582

3. Date Incorporated or Qualified: **05/09/1990**
3a. Date of Last Report: **05/01/1996**

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

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

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 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 _____ 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, HANEY		4.2 NAME		
STREET ADDRESS	RTE 3 BOX 430C		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, STEVE		6.2 NAME		
STREET ADDRESS	RT 3 BOX 430		6.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Betsy Coxen Betsy Coxen 4/24/97 (904)487-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006966