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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38065

1. Corporation Name

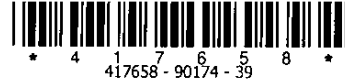
GUS BERT FARMS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% DEAN COXEN
RT. 3 BOX 430C
HAVANA FL 32333

Mailing Address

% DEAN COXEN
RT. 3 BOX 430C
HAVANA FL 32333



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/09/1990

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

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 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

TITLE D
NAME COOPER, DENNIS
STREET ADDRESS P.O. BOX 736, GUS BERT DR
CITY-STATE-ZIP HAVANA FL 32333

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

TITLE VP
NAME MARTINEZ, HARRY
STREET ADDRESS 2807 TREBARK DRIVE
CITY-STATE-ZIP TALLAHASSEE FL 32333

TITLE P
NAME GRIMES, K
STREET ADDRESS RTE 3 BOX 430G
CITY-STATE-ZIP HAVANA FL 32333

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

TITLE D
NAME STIRRAT, LEN
STREET ADDRESS RTE 3 BOX 430S
CITY-STATE-ZIP HAVANA FL 32333

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE SECRETARY
2.2 NAME PAULA GRIMES
2.3 STREET ADDRESS RT 3 BOX 430G
2.4 CITY-STATE-ZIP HAVANA, FL 32333

3.1 TITLE VICE PRESIDENT
3.2 NAME K GRIMES
3.3 STREET ADDRESS RTE 3 BOX 430G
3.4 CITY-STATE-ZIP HAVANA, FL 32333

4.1 TITLE PRESIDENT
4.2 NAME HARRY MARTINEZ
4.3 STREET ADDRESS RTE 3 BOX 430M
4.4 CITY-STATE-ZIP HAVANA, FL 32333

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

E. L. Stirratt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

487-1235

Daytime Phone #

CR2E037 (11/98)