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Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90174 039 ****61.25

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.

417658 - 90174 - 39

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHELFER, 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. 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	SECRETARY	☑ Change ☐ Addition
NAME	TADLOCK, BRENDA		2.2 NAME	PAULA GRIMES	
STREET ADDRESS	RT. 3 BOX 430T		2.3 STREET ADDRESS	RT 3 BOX 430G	
CITY-ST-ZIP	HAVANA FL 32333		2.4 CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	VP	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	MARTINEZ, HARRY		3.2 NAME	K GRIMES	
STREET ADDRESS	2807 TREBARK DRIVE		3.3 STREET ADDRESS	RTE 3 BOX 430G	
CITY-ST-ZIP	TALLAHASSEE FL 32333		3.4 CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	P	☐ DELETE	4.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GRIMES, K		4.2 NAME	HARRY MARTINEZ	
STREET ADDRESS	RTE 3 BOX 430G		4.3 STREET ADDRESS	RTE 3 BOX 430M	
CITY-ST-ZIP	HAVANA FL 32333		4.4 CITY-ST-ZIP	HAVANA, FL 32333	
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	STIRRAT, LEN		6.2 NAME		
STREET ADDRESS	RTE 3 BOC 4305		6.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		6.4 CITY-ST-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: Elizabeth W. Coxen REQUIRED 4/23/99 487-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)