2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State
04-29-2004 90346 009 ****61.25

66423978

MOORE CR2E037 (11/03)

DOCUMENT # N38065

1. Entity Name

GUS BERT FARMS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DEAN COXEN RT. 3 BOX 430C HAVANA FL 32333	463 GUS BERT FARMS DRIVE HAVANA FL 32333

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHELFER, JAMES O.
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, DENNIS P.O. BOX 736,GUS BERT DR HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIMES, PAULA RT. 3 BOX 4306 HAVANA FL 32333	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Brenda Tadlock 156 Gus Bert Farms Dr Havana, Fl 32333
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIMES, K RT 3 BOX 4306 HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTINEZ, HARRY RTE. 3 BOX 430M HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 298 Gus Bert Farms Dr Havana, Fl 32333
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COXEN, BETSY 463 GUS BERT FARMS DR. HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Elizabeth F Coxen 463 Gus Bert Farms Dr Havana, Fl 32333
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIRRAT, LEN RTE 3 BOC 4305 HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth F Coxen 4/1/04 (850) 577-4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #