2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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

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03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT 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

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, DENNIS
STREET ADDRESS	P.O. BOX 736,GUS BERT DR
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	S
NAME	COXEN, ELIZABETH F
STREET ADDRESS	463 GUS BERT FARMS DR
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	VP
NAME	GRIMES, K
STREET ADDRESS	RT 3 BOX 4306
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	P
NAME	MARTINEZ, HARRY
STREET ADDRESS	298 GUS BERT FARMS DR
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	T
NAME	COXEN, BETSY
STREET ADDRESS	463 GUS BERT FARMS DR.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	STIRRAT, LEN
STREET ADDRESS	RTE 3 BOC 4305
CITY-ST-ZIP	HAVANA, FL 32333

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04/27/05-80144-013 61.25

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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: Betsy Coxen April 22, 2005 (850) 577-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #