2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N38065

Entity Name: GUS BERT FARMS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

463 GUS BERT FARMS DRIVE
HAVANA, FL 32333

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	COOPER, DENNIS,	
Address:	P.O. BOX 736,GUS BERT DR	
City-St-Zip:	HAVANA, FL 32333	
Title:	S	( ) Delete
Name:	COXEN, ELIZABETH F	
Address:	463 GUS BERT FARMS DR	
City-St-Zip:	HAVANA, FL 32333	
Title:	VP	( ) Delete
Name:	GRIMES, K	
Address:	RT 3 BOX 4306	
City-St-Zip:	HAVANA, FL 32333	
Title:	P	( ) Delete
Name:	MARTINEZ, HARRY	
Address:	298 GUS BERT FARMS DR	
City-St-Zip:	HAVANA, FL 32333	
Title:	T	( ) Delete
Name:	COXEN, BETSY,	
Address:	463 GUS BERT FARMS DR.	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	STIRRAT, LEN	
Address:	RTE 3 BOC 4305	
City-St-Zip:	HAVANA, FL 32333	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY COXEN T 04/24/2006
Electronic Signature of Signing Officer or Director — Date