

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38065

FILED  
Apr 19, 2011  
Secretary of State

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

**Current Principal Place of Business:**

% ELIZABETH COXEN  
463 GUS BERT FARM RD.  
HAVANA, FL 32333

**New Principal Place of Business:**

% ELIZABETH COXEN  
463 GUS BERT FARM RD.  
HAVANA, FL 32333 US

**Current Mailing Address:**

% ELIZABETH COXEN  
463 GUS BERT FARM RD.  
HAVANA, FL 32333

**New Mailing Address:**

% ELIZABETH COXEN  
463 GUS BERT FARM RD.  
HAVANA, FL 32333 US

**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  
Name: COOPER, DENNIS  
Address: 36 GUS BERT FARM RD.  
City-St-Zip: HAVANA, FL 32333

Title: S  
Name: COXEN, ELIZABETH F  
Address: 463 GUS BERT FARM RD.  
City-St-Zip: HAVANA, FL 32333

Title: VP  
Name: GRIMES, K  
Address: 460 GUS BERT FARM RD.  
City-St-Zip: HAVANA, FL 32333

Title: P  
Name: MARTINEZ, HARRY  
Address: 298 GUS BERT FARM RD.  
City-St-Zip: HAVANA, FL 32333

Title: T  
Name: COXEN, BETSY  
Address: 463 GUS BERT FARM RD.  
City-St-Zip: HAVANA, FL 32333

Title: D  
Name: STIRRAT, LEN  
Address: 22 JOSEPH CT.  
City-St-Zip: HAVANA, FL 32333

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH COXEN

S

04/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date