

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38065

Entity Name: GUS BERT FARMS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 22, 2014
Secretary of State
CC2270719668**Current Principal Place of Business:**% ELIZABETH COXEN
463 GUS BERT FARM RD.
HAVANA, FL 32333**Current Mailing Address:**% ELIZABETH COXEN
463 GUS BERT FARM RD.
HAVANA, FL 32333 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHELFER, JAMES O.
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32312 US*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**Officer/Director Detail :**Title D
Name COOPER, DENNIS
Address 36 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333Title S
Name TADLOCK, BRENDA F
Address 156 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333Title VP
Name GRIMES, K
Address 460 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333Title DIRECTOR
Name WHITTAKER, RICHARD
Address 298 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333Title T
Name COXEN, BETSY
Address 463 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333Title PRESIDENT
Name STIRRAT, LEN
Address 22 JOSEPH CT.
City-State-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: BETSY COXEN**TREASURER****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date