

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38065

Entity Name: GUS BERT FARMS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

% TRACI RAY
237 GUS BERT FARM RD.
HAVANA, FL 32333

Current Mailing Address:

% TRACI RAY
237 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 SECRETARY
Name RAY, TRACI
Address 237 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333

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

Title DIRECTOR
Name WHITTAKER, RICHARD
Address 298 GUS BERT FARM RD.
City-State-Zip: HAVANA FL 32333

Title TREASURER
Name RAY, TRACI
Address C/O TRACI RAY
237 GUS BERT FARM RD
City-State-Zip: HAVANA FL 32333

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

Title DIRECTOR
Name RAY, ZACKARY
Address 237 GUS BERT FARMS ROAD
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name HANEY, LEONARD
Address 97 JOSEPH COURT
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: TRACI A. RAY**TREASURER****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date