## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38065

Entity Name: GUS BERT FARMS SUBDIVISION HOMEOWNERS

ASSOCIATION, INC.

Apr 29, 2021 Secretary of State 6116390665CC

**FILED** 

## **Current Principal Place of Business:**

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: Yes

## 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** ٧P Title

RAY, TRACI GRIMES, K Name Name

Address 237 GUS BERT FARM RD. Address 460 GUS BERT FARM RD.

HAVANA FL 32333 City-State-Zip: City-State-Zip: HAVANA FL 32333

Title **TREASURER** Title DIRECTOR RAY, TRACI Name WHITTAKER, RICHARD Name

C/O TRACI RAY Address 298 GUS BERT FARM RD. Address 237 GUS BERT FARM RD

City-State-Zip: HAVANA FL 32333 HAVANA FL 32333

City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR** STIRRAT, LEN Name Name RAY, ZACHERY

Address 22 JOSEPH CT. Address 237 GUS BERT FARMS ROAD

City-State-Zip: HAVANA FL 32333 City-State-Zip: HAVANA FL 32333

Title DIRECTOR

HANEY, LEONARD Name 97 JOSEPH COURT Address 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 RAY **TREASURER** 04/29/2021