

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749712** (6)

1. Corporation Name
GLOUCESTER E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351**
Mailing Address: **1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/07/1979**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2046608**
Applied For:
Not Applicable:

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 State, Apt #, etc.: 27
23 City & State: 28
24 Zip: 25 Country: 29

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GREENE, ROBERT E.
PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570**

10. Name and Address of New Registered Agent
81 Name: **Florida Lifestyle Management**
82 Street Address (P.O. Box Number is Not Acceptable): **Florida Lifestyle Management**
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPAULDING, WILLIS
STREET ADDRESS	412 GLOUCESTER BLVD.
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	TD
NAME	SHEA, BILLIE
STREET ADDRESS	416 GLOUCESTER BLVD. #37
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	SD
NAME	SMITH, GEORGE
STREET ADDRESS	2208 GREENWICH DR.
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	416 Gloucester Blvd.
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Lewandowski, Edward
43 STREET ADDRESS	2238 Greenwich Dr.
44 CITY, ST, ZIP	Sun City Center FL
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	Gillespie, Norma
54 CITY, ST, ZIP	2218 Greenwich Dr. Sun City Center FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Willis O Spaulding* WILLIS O SPAULDING 3-28-95 634-2367
SIGNATURE AND TYPE OR PRINTED NAME OF GOING OFFICER OR DIRECTOR