

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749712 (6)

1. Corporation Name
GLOUCESTER E CONDOMINIUM ASSOCIATION, INC.

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



3. Date Incorporated or Qualified **11/07/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2046608** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SPAULDING, WILLIS | |
| STREET ADDRESS | 412 GLOUCESTER BLVD. | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SHEA, BILLIE | |
| STREET ADDRESS | 416 GLOUCESTER BLVD | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SMITH, GEORGE | |
| STREET ADDRESS | 2208 GREENWICH DR. | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LEWANDOWSKI, EDWARD | |
| STREET ADDRESS | 2238 GREENWICH DR | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GILLESPIE, NORMA | |
| STREET ADDRESS | 2218 GREENWICH DR | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 900001802469 |
| 2.4 CITY-ST-ZIP | -05/01/96--01014--020 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ***61.25 |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D ALLEN, HARRY |
| 5.3 STREET ADDRESS | 2220 GREENWICH DRIVE |
| 5.4 CITY-ST-ZIP | SUN CITY CENTER, FL 33573 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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)(k), 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Willis C. Spaulding* **WILLIS C. SPAULDING** 3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)