1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 749712**

1. Corporation Name

GLOUCESTER E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

## **FILED** May 05, 1999 8:00 am secretary of State

05-05-1999 90064 026 \*\*\*\*61.25

8 8 9 6 3 \* 488963 - 90064 - 26

Applied For

\$8.75 Additional

Fee Required

Not Applicable



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/07/1979

59-2046608

4. FEI Number

Zip	Country	Zip	Country	y		6. Election Campaign Financing		5.00 May Be		
24	25 29 30		30			Trust Fund Contribution			Added to Fees	
	9. Name and Address of Current F		10. Name and Address of New Registered Agent							
			81	Name						
GREENE, ROBERT E.				82 Street Address (P.O. Box Number is Not Acceptable)						
FLORIDA LIFESTYLE MANAGEMENT			1_1							
1904 CLUBHOUSE DRIVE			83							
SUN CITY CENTER FL 33570			84	84 City 85 Zip Code				ode		
					,- <u>-</u>			FL   S   Z   Y	1 . 4	
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was aut	thorized by t	-named the corpo	corpora oration's	tion submits this statemen board of directors. I here	t for the purpo by accept the	ise of changing its i appointment as reg	egistered istered	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec				signature r	required wh	en reinstating) ADDITIONS/CHANGES	DA TO OFFICER		RS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.	-	1	ADDITIONS/CHANGES	S TO OFFICE	Change	Addition	
TITLE	PD	C DELETE	1.1 TITLE					change		
NAME	SPAULDING, WILLIS		1.2 NAME	i	ł					
STREET ADDRESS	110 05010000000000000000000000000000000		1.3 STREET							
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST	- ZIP	ļ			Change	Addition	
TITLE	TD	☐ DELETE	2.1 TITLE		Ì			CI Crearige		
NAME	SHEA, BILLIE		2.2 NAME							
STREET ADDRESS	416 GLOUCESTER BLVD		2.3 STREET	ADDRESS	}					
CITY+ST-ZIP	SUN CITY CENTER FL		2. 4 CITY-ST	r-ZIP	_			Change	Addition	
TITLE	D	DELETE	3.1 TITLE		$ \mathbf{D} $				∐ Audiaon	
NAME	MILLARD, ROBERT V		3.2 NAME		CAL	IVIN GAR	EN6	•		
STREET ADDRESS	2208 GREENWICH DRIVE		3.3 STREET	ADDRESS	223	VIN GAR SYGRED W SCITY CEN	ICH U	<b>-</b> ,		
CITY-ST-ZIP	SUN CITY CENTER FL		3.4. CITY-S1	- <u>ZIP</u>	SU	DEITH CEN	TER 1-	<u></u>	<u> </u>	
TITLE	VD	☐ DELETE	4.1 TITLE		[		•	Change	☐ Addition	
NAME	LEWANDOWSKI, EDWARD		4. 2 NAME						ı	
STREET ADDRESS	2238 GREENWICH DR		4.3 STREET	ADDRESS	}					
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST	-ZIP	<u> </u>					
TITLE	SD	☐ DELETE	5.1 TITLE		1			Change	☐ Addition	
NAME	DEFEVER, CHARLES		5.2 NAME		1					
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	6.1 TITLE		1			Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS	1					
CITY-ST-ZIP			6.4 CITY-ST		<u> </u>					
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption	on stated	d in Sec	tion 119.07(3)(i), Florida S	Statutes. I furth	er certify that the in	formation	

receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in