

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90027 045 ****61.25

DOCUMENT # 749712

1. Entity Name

GLOUCESTER E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-5912

2. Principal Office
Sterling Management, Inc.
723 Imar Drive
 Suite, Apt. #, etc.
Sun City Center, FL 33573

3. Mailing Office
Sterling Management, Inc.
723 Imar Drive
 Suite, Apt. #, etc.
Sun City Center, FL 33573



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2046608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Brian L. May/Sterling Management
723 Imar Drive
Sun City Center, FL 33573

FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SPAULDING, WILLIS**
 STREET ADDRESS **412 GLOUCESTER BLVD.**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD SHEA, BILLIE**
 STREET ADDRESS **416 GLOUCESTER BLVD**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME **Treasurer**
 STREET ADDRESS **John Wynne**
 CITY-ST-ZIP **414 Gloucester Blvd.**
Sun City Center, FL 33573

TITLE Delete
 NAME **D CARING, CALVIN**
 STREET ADDRESS **2234 GREENWICH DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME **President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD LEWANDOWSKI, EDWARD**
 STREET ADDRESS **2238 GREENWICH DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD DEFEVER, CHARLES**
 STREET ADDRESS **2202 GREENWICH DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **Director**
 STREET ADDRESS **Allen, Harry**
 CITY-ST-ZIP **2220 Greenwich Dr.**
Sun City Center, FL 33573

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIS SPAULDING
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 26, 2000 (813) 633-1630
 Date Daytime Phone #

CR2E037 (9/99)