

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

C 17763

**DOCUMENT # 749712**

1. Entity Name

**GLOUCESTER E CONDOMINIUM ASSOCIATION, INC.**

04-25-2001 90009 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

STERLING MANAGEMENT, INC  
 723 IMAR DRIVE  
 SUN CITY CENTER FL 33573-4351

STERLING MANAGEMENT, INC  
 723 IMAR DRIVE  
 SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY, BRIAN L**  
**STERLING MANAGEMENT**  
**723 IMAR DRIVE**  
**SUN CITY CENTER FL 33573**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

**3-12-01**

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 NAME	T WYNNE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	414 GLOUCESTER BLVD	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	D ALLEN, HARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2220 GREENWICH DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	P CARING, CALVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2234 GREENWICH DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE NAME	VD LEWANDOWSKI, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2238 GREENWICH DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE NAME	SD DEFEVER, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	2202 GREENWICH DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Edward Lewandowski	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2238 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME	VD Harry Allen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2220 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Rose Voss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2212 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-2001**

Date

**N/A**

Daytime Phone #

CR2E037 (10/00)