

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752511 (6)
1. Corporation Name
GLOUCESTER P CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 05/15/1980 3a. Date of Last Report 05/01/1995
4. FEI Number 59-2133865 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

9. Name and Address of Current Registered Agent

GREEN, 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 D NIELD, CYRIL ☒ DELETE
NAME 2335 GAINESBOROUGH LOOP
STREET ADDRESS SUN CITY CTR, FL 00000
CITY-ST-ZIP
TITLE TD SCHWARTZ, BERNIE ☐ DELETE
NAME 2304 GAINESBOROUGH LOOP
STREET ADDRESS SUN CITY CENTER FL
CITY-ST-ZIP
TITLE SD JACKSON, JAMES ☐ DELETE
NAME 2303 GAINESBOROUGH 239
STREET ADDRESS SUN CITY CENTER FL
CITY-ST-ZIP
TITLE PD SAYERS, RICHARD ☐ DELETE
NAME 2339 GAINESBROUGH LOOP
STREET ADDRESS SUN CITY CENTER FL
CITY-ST-ZIP
TITLE VD BYRNES, BILL ☐ DELETE
NAME 2308 GAINESBOROUGH LOOP
STREET ADDRESS SUN CITY CENTER FL
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME LaMAGNA, MIKE
1.3 STREET ADDRESS 2336 GAINESBOROUGH LOOP
1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 400001802474
4.3 STREET ADDRESS -05/01/96--01014--024
4.4 CITY-ST-ZIP ***61.25
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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: Richard E. Sayers, Sr. Richard E. Sayers, Sr. 3/18/96 8136332932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)