


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752511 (6) 1. Corporation Name GLOUCESTER P CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351			Mailing Address 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/15/1980 4. FEI Number 59-2133865 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 ROBERT E. GREENE 82 Street Address (P.O. Box Number is Not Acceptable) (same) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	LAMAGNA, MIKE				
STREET ADDRESS	2336 GAINESBOROUGH LOOP				
CITY-ST-ZIP	SUN CITY CTR, FL 00000 33573				
TITLE	TD <input type="checkbox"/> DELETE				
NAME	GROVER, RAY				
STREET ADDRESS	2345 GAINESBOROUGH LOOP				
CITY-ST-ZIP	SUN CITY CENTER FL				
TITLE	SD <input checked="" type="checkbox"/> DELETE				
NAME	JACKSON, JAMES				
STREET ADDRESS	2303 GAINESBOROUGH 239				
CITY-ST-ZIP	SUN CITY CENTER FL				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	SAYERS, RICHARD				
STREET ADDRESS	2339 GAINESBOROUGH LOOP				
CITY-ST-ZIP	SUN CITY CENTER FL				
TITLE	VD <input type="checkbox"/> DELETE				
NAME	BYRNES, BILL				
STREET ADDRESS	2308 GAINESBOROUGH LOOP				
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					
2.4 CITY-ST-ZIP					
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	SCHWARTZ, BERNIE				
3.3 STREET ADDRESS	2304 GAINESBOROUGH LOOP				
3.4 CITY-ST-ZIP	SUN CITY CENTER FL				
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 type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 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 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 *Robert E. Greene* 2/15/98 812 1332932

CR2E037 (10/97)