


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 035 ****61.25

DOCUMENT # 707957					
1. Entity Name GLOUCHESTER HOUSE CONDOMINIUM INC					
Principal Place of Business 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 US			Mailing Address 500 NE, SPANISH RIVER BLVD SUITE #18 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEACON PROPERTY MANAGEMENT, INC 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORS, FRANCES		NAME	BORS FRANCES	
STREET ADDRESS	3115 S. OCEAN BLVD., #702		STREET ADDRESS	3115 S OCEAN BLVD #702	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HU, PHILIPPE		NAME	ZAVLODAVER RON	
STREET ADDRESS	383 NE 31ST STREET		STREET ADDRESS	660 GLOUCHESTER ST #201	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MEYER STEPHANIE	
STREET ADDRESS			STREET ADDRESS	541 ANCHOR PT	
CITY-ST-ZIP			CITY-ST-ZIP	DELAAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GODOI FABRIZIO	
STREET ADDRESS			STREET ADDRESS	1621 SW 1 WAY C-10	
CITY-ST-ZIP			CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TURNER STANLEY	
STREET ADDRESS			STREET ADDRESS	1551 WOODLYNNE BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	LINWOOD NJ 08221	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Frances Bors - Pres</u>			Date: <u>4-22-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		