

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707957

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: GLOUCESTER HOUSE CONDOMINIUM INC

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD  
SUITE 18  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD  
SUITE #18  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 59-2009845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEACON PROPERTY MANAGEMENT, INC  
500 NE SPANISH RIVER BLVD  
#18  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BORS, FRANCES  
Address: 3115 S. OCEAN BLVD, #702  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPD ( ) Delete  
Name: SAVLODAVER, RON  
Address: 660 GLOUCESTER ST. #201  
City-St-Zip: BOCA RATON, FL 33487

Title: TD ( ) Delete  
Name: MEYER, STEPHANIE  
Address: 541 ANCHOR PT  
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete  
Name: FABRIZIO, GODOI  
Address: 1621 SW 1 WAY C-10  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: TURNER, STANLEY  
Address: 1551 WOODLYNNE BLVD.  
City-St-Zip: LINWOOD, NJ 08221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: ZAVLODAVER, RON  
Address: 660 GLOUCESTER ST. #201  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GODOI, FABRIZIO  
Address: 1621 SW 1 WAY C-10  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES BORS

PD

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date