

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 019 ****61.25

DOCUMENT # 749675

1. Entity Name
GLOUCESTER A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1701B RICKENBACKER DR
SUN CITY CENTER, FL 33573**

Mailing Address
**1701B RICKENBACKER DR
SUN CITY CENTER, FL 33573**

40071658



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2046394

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICES OF JAMES R. DE FURIO, P.A.
201 E KENNEDY BLVD
SUITE 1460
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME ZIMMERMAN, AARON
STREET ADDRESS 2244 GRENDLER DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME TEAGARDEN, CLARE
STREET ADDRESS 302 GLOUCESTER BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ESCH, HELEN LOUISE
STREET ADDRESS 320 GLOUCESTER
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME CASE, FRANCES
STREET ADDRESS 308 GLOUCESTER BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MCELROY, EUGENE
STREET ADDRESS 320 GLOUCESTER BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James R. De Furio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-06

Date

Daytime Phone #