2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 04, 2005 8:00 am Secretary of State **DOCUMENT # 749677** 1. Entity Name 05-04-2005 90149 034 ****61.25 GLOUCESTER B CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER FL 33573 STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FE! Number Applied For 59-2046397 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Law Offices of James R. De Furio, P.A. DE FURIO, JAMES R 201 East Kennedy Boulevard 101 E KENNEDY BLVD STE 3000 **Suite 1460 TAMPA FL 33602** Tampa, Florida 33602 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 ag SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change **X** Addition TITLE ☐ Delete THILE McCullum, John 330 Gloucester Blvd. CRYSLER, BOB NAME NAME 2219 GREEADLER DR STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 Sun City Center, FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change X Addition TITLE Henderson, Helen 328 Gloucester Blvd. MOORING, SHARON NAME 2245 GRENADIER DR STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition VANLINDER, PHYLLIS NAME NAME 2231 GRENADIER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition TITLE ☐ Defete 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 exemption stated in Section 119.07(3)(i), 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.

4-26-05

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED