

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90319 020 ****61.25

DOCUMENT # 749677

1. Entity Name
GLOUCESTER B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
STERLING MANAGEMENT
1701-B RICKENBACKER DR
SUN CITY CENTER, FL 33573

Mailing Address
STERLING MANAGEMENT
1701-B RICKENBACKER DR
SUN CITY CENTER, FL 33573

40011007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2046397

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 EAST KENNEDY BOULEVARD
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

TITLE PD
NAME CRYSLER, BOB ☐ Delete
STREET ADDRESS 2219 GREEADLER DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE SD
NAME MOORING, SHARON ☐ Delete
STREET ADDRESS 2245 GRENADIER DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD ☒ Delete
NAME MCCULLUM, JOHN
STREET ADDRESS 330 GLOUCESTER BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Delete
NAME HENDERSON, HELEN
STREET ADDRESS 328 GLOUCESTER BLVD
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition
NAME Miller, Robert
STREET ADDRESS 2235 Grenadier Dr.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TP ☐ Change ☒ Addition
NAME Pantano, Sam
STREET ADDRESS 324 Gloucester Blvd.
CITY-ST-ZIP Sun City Center, FL 33573

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20 06

Date

Daytime Phone #

633 2225