

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90080 036 \*\*\*\*61.25

<b>DOCUMENT # 749677</b> 1. Entity Name <b>GLOUCESTER B CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573</b>		Mailing Address <b>STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573</b>	
2. Principal Place of Business <b>S Sterling Management 1904 Clubhouse Drive C Sun City Center, FL 33573</b>		Address 1. #, etc. City State Zip Country	
3. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		4. FEI Number <b>59-2046397</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LAW OFFICES OF JAMES R. DE FURIO, P.A. 201 EAST KENNEDY BOULEVARD SUITE 1460 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRYSLER, BOB 2219 GREEADLER DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maddock, Helen 2217 Grenadier Drive Sun City Center FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORING, SHARON 2245 GRENADIER DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cryslar, Bob 2219 Grenadier Drive Sun City Center FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT 2235 GRENADIER DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Miller, Robert 2235 Grenadier Drive Sun City Center FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MADDOCK, WILLIAM 2217 GRENADIER DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pantano, Sam 324 Gloucester Blvd Sun City Center FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANTANO, SAM 324 GLOUCESTER BLVD SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pantano, Sam 324 Gloucester Blvd Sun City Center FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEGENBUSH, CATHERINE 332 GLOUCESTER BLVD SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pantano, Sam 324 Gloucester Blvd Sun City Center FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Helen P. Maddock</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/07/08</u> <small>Date Daytime Phone #</small>	

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