FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749678** **(9)**

1. Corporation Name

GLOUCESTER C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/06/1979**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2046401** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
% PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) % Florida Lifestyle Management
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Agent, Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
11 TITLE	D	11 TITLE	D ☒ Change ☐ Addition
12 NAME	KIRBY, JULIA	12 NAME	Earl, Virgie
13 STREET ADDRESS	313 GRAYSTON PLACE	13 STREET ADDRESS	307 Grayston Place
14 CITY ST ZIP	SUN CITY CNTR FL	14 CITY ST ZIP	Sun City Center FL
21 TITLE	STD	21 TITLE	☐ Change ☐ Addition
22 NAME	BROWN, ART	22 NAME	
23 STREET ADDRESS	312 GRAYSTON PLACE	23 STREET ADDRESS	
24 CITY ST ZIP	SUN CITY CNTR FL	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	D ☒ Change ☐ Addition
32 NAME	HIMMEL, GERALD	32 NAME	Ferrell, Martha
33 STREET ADDRESS	315 GRAYSTON PLACE	33 STREET ADDRESS	326 Grayston Place
34 CITY ST ZIP	SUN CITY CNTR, FL 00000	34 CITY ST ZIP	Sun City Center FL
41 TITLE	DV	41 TITLE	☐ Change ☐ Addition
42 NAME	SLIZ, LYNDA	42 NAME	
43 STREET ADDRESS	316 GRAYSTON PL	43 STREET ADDRESS	
44 CITY ST ZIP	SUN CITY CTR. FL	44 CITY ST ZIP	
51 TITLE	PD	51 TITLE	☐ Change ☐ Addition
52 NAME	JACKSON, RUSSELL A.	52 NAME	
53 STREET ADDRESS	324 GRAYSTON, PL.	53 STREET ADDRESS	
54 CITY ST ZIP	SUN CITY CTR. FL	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Russell A. Jackson Russell A. Jackson 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

634-7835
Daytime Phone Number

0013909