2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # 749678 Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** GLOUCESTER C CONDOMINIUM ASSOCIATION, INC. 06-08-2000 90019 004 ****61.25 Principal Place of Business Mailing Address 1904 CLUBHOUSE DRIVE 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-5912 SUN CITY CENTER FL 33573-4351 2. Pri Sterling Warnagement, Inc. 3. MSterling Management, Inc. Suite, Apt. #723 Imar Drive Sun City Center, FL 33573 Suite, Apt. 7,23 Imar Drive DO NOT WRITE IN THIS SPACE Sun City Center, FL 33573 Applied For 4. FEI Number 59-2046401 Not Applicable 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 Brian L. May/Sterling Management GREENE, ROBERT E. 723 Imar Drive C/O FLORIDA LIFESTYLE MANAGEMENT Sun City Center, Fl 33573 1904 CLUBHOUSE DRIVE Zip Code SUN CITY CENTER FL 33573 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE, Registered Agent signature **9.** Election Campaign Financing Trust Fund Contribution. Make Check Payable to FILE NOW: \$5.00 May Be **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITI F HART, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 301 GRAYSTON PLACE CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 Delete TITLE Change ☐ Addition STD TITLE NAME NAME **BROWN, ART** STREET ADDRESS STREET ADDRESS 312 GRAYSTON PLACE CITY-ST-ZIP-CITY-ST-ZIP · SUN CITY-CENTER FL 33573 ☐ Change ☐ Addition TITLE Delete NAME DONNINI, MARY NAME STREET ADDRESS STREET ADDRESS 323 GRAYSTON PL CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change Addition TITLE ☐ Delete TITLE PETERS, MARCELLA ST. NAME STREET ADDRESS STREET ADDRESS 325 GRAYSTON PL CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Addition ☐ Change ☐ Delete TITLE TITI F JACKSON, RUSSELL A. NAME NAME STREET ADDRESS STREET ADDRESS 324 GRAYSTON, PL. CITY-ST-ZIP CITY-ST-ZIP SUN CITY CTR. FL 33573 Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #