2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90009 023 ****61.25

DOCUMENT # 749678

1. Entity Name

GLOUCESTER C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STERLING MANAGEMENT. INC. 723 IMAR DRIVE SUN CITY CENTER FL 33573	STERLING MANAGEMENT. INC. 723 IMAR DRIVE SUN CITY CENTER FL 33573

B00356?8

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2046401 ☐ Applied For ☐ Not Applicable

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
MAY, BRIAN L STERLING MANAGEMENT 723 IMAR DRIVE SUN CITY CENTER FL 33573	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.

SIGNATURE _____ 3-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HART, JOHN 301 GRAYSTON PLACE SUN CITY CENTER FL 33573	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HART, JOHN 301 GRAYSTON PLACE SUN CITY CENTER FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BROWN, ART 312 GRAYSTON PLACE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNINI, MARY 323 GRAYSTON PL SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENTWORTH, FOLGER J. 319 GRAYSTON PLACE SUN CITY CENTER FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, MARCELLA ST. 325 GRAYSTON PL SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAHLMAN, HILDA 331 GRAYSTON PLACE SUN CITY CENTER FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACKSON, RUSSELL A. 324 GRAYSTON, PL. SUN CITY CTR. FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LECLERC, VERONICA 309 GRAYSTON PLACE SUN CITY CENTER FL 3357?	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: SIGNATURE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 Date

(813) 634-3490 Daytime Phone #