2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90360 005 ****61.25

DOCUMENT # 749678

1. Entity Name

GLOUCESTER C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573	STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573

MOORE CR2E037 (11/03)

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

DE FURIO, JAMES R ESQUIRE
101 E. KENNEDY BLVD, SUITE 1030
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address: James R. Defurio, Esquire
101 E. Kennedy Blvd. Suite 3000

City: Tampa, FL 33602 de

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 _____ 4-27-04

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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HART, JOHN 301 GRAYSTON PLACE SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Leclerc, Veronica 309 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	VPD Hart, John 301 Grayston Place Sun City Center, FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEISS, ROBERT 317 GRAYSTON PLACE SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scnana, Don 314 Grayston Place Sun City Center, FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAHLMAN, HILDA 231 GRAYSON PLACE SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LECLERC, VERONICA 309 GRAYSON PLACE SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Veronica Leclerc 4/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #