


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90149 014 ****61.25

DOCUMENT # 749679 1. Entity Name GLOUCESTER D CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT INC 1701-B STERLING DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT INC 1701-B STERLING DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE FURIO, JAMES R ESQ. 101 E KENNEDY BLVD STE 3000 TAMPA, FL 33602				Law Offices of James R. De Furio, P.A. 201 East Kennedy Boulevard Suite 1460 Tampa, Florida 33602	
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 <u><i>[Signature]</i></u> DATE <u>4-12-05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARAMIE, ALETHA <input type="checkbox"/> Delete 424 GLADSTONE PL SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIERCIAK, TED <input checked="" type="checkbox"/> Delete 416 GLADSTONE PL SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURO, JO <input type="checkbox"/> Delete 409 GLADSTONE PL SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODGERS, LAURA <input type="checkbox"/> Delete 443 GLOUCESTER BLVD SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEE, MARTIN <input type="checkbox"/> Delete 401 GLADSTONE PL SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Squires, Stanley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 421 Gladstone Pl. Sun City Center, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Aletha Laramie</i></u> <u>4/21/05</u> <u>634-5916</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					