


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90319 022 \*\*\*\*61.25

<b>DOCUMENT # 749679</b>					
<b>1. Entity Name</b> GLOUCESTER D CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> STERLING MANAGEMENT INC 1701-B STERLING DRIVE SUN CITY CENTER, FL 33573			<b>Mailing Address</b> STERLING MANAGEMENT INC 1701-B STERLING DRIVE SUN CITY CENTER, FL 33573		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2046407	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LAW OFFICES OF JAMES R. DE FURIO, P.A. 201 EAST KENNEDY BOULEVARD SUITE 1460 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VPD <b>NAME</b> SQUIRES, STANLEY <b>STREET ADDRESS</b> 421 GLADSTONE PL <b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> MAURO, JO <b>STREET ADDRESS</b> 409 GLADSTONE PL <b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> RODGERS, LAURA <b>STREET ADDRESS</b> 443 GLOUCESTER BLVD <b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> KLEE, MARTIN <b>STREET ADDRESS</b> 401 GLADSTONE PL <b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> Laramee, Althea <b>STREET ADDRESS</b> 424 Gladstone Pl. <b>CITY-ST-ZIP</b> Sun City center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> Tumulty, John <b>STREET ADDRESS</b> 415 Gladstone Pl. <b>CITY-ST-ZIP</b> Sun City center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> Kullinna, Ted <b>STREET ADDRESS</b> 435 Gloucester Blvd. <b>CITY-ST-ZIP</b> Sun City center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Althea Laramee</u>		<u>3-14-06</u>		<u>634-5916</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	