

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2005 90163 033 \*\*\*\*61.25

**DOCUMENT # 749680**

1. Entity Name

GLOUCESTER F CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1701-B RICKENBACKER DRIVE  
SUN CITY CENTER FL 33573-4351

Mailing Address

1701-B RICKENBACKER DRIVE  
SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2046609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.  
101 E KENNEDY BLVD STE 3000  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

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, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TURPIN, ALLEN	
STREET ADDRESS	2241 GREENWICH DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	2207 GREENWICH DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEITGER, ED	
STREET ADDRESS	2221 GREENWICH DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	HASTINGS, ROBERT	
STREET ADDRESS	2203 GREENWICH DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOMSCH, JOHANN	
STREET ADDRESS	2205 GREENWICH DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doherty, Alf	
STREET ADDRESS	2213 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mattei, Guy	
STREET ADDRESS	2219 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Munz, Donna	
STREET ADDRESS	2245 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomsche, Johann	
STREET ADDRESS	2205 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turpin, Allan	
STREET ADDRESS	2241 Greenwich Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Allan F Turpin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-05*

Date

Daytime Phone #