# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 752504

**Entity Name:** GLOUCESTER G CONDOMINIUM ASSOCIATION, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| STERLING MANAGEMENT<br>1904 CLUBHOUSE DR<br>SUN CITY CENTER, FL 33573 | THE CONTINENTAL GROUP, INC.<br>1904 CLUBHOUSE DR<br>SUN CITY CENTER, FL 33573 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| STERLING MANAGEMENT<br>1904 CLUBHOUSE DR<br>SUN CITY CENTER, FL 33573 | THE CONTINENTAL GROUP, INC.<br>1904 CLUBHOUSE DR<br>SUN CITY CENTER, FL 33573 |

**FEI Number: 59-2077243**     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| WETHERINGTON, HAMILTON, HARRISON & FAIR PA<br>1010 N. FLORIDA AVE.<br>TAMPA, FL 33602   US | |

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: _____

Electronic Signature of Registered Agent                                      Date

## OFFICERS AND DIRECTORS:

Title:       VPD
Name:       POWERS, RAY
Address:     237 GLOUCESTER BLVD
City-St-Zip:  SUN CITY CENTER, FL 33573

Title:       PD
Name:       CHAMBERS, MARJORIE
Address:     2305 GRENOBLE PLACE
City-St-Zip:  SUN CITY CENTER, FL 33573

Title:       TD
Name:       GUILES, ANN
Address:     2318 GRENOBLE PLACE
City-St-Zip:  SUN CITY CENTER, FL 33573

Title:       D
Name:       DESHAIES, ED
Address:     2309 GRENOBLE PLACE
City-St-Zip:  SUN CITY CENTER, FL 33573

Title:       SD
Name:       COHEN, MICHELE
Address:     2303 GRENOBLE PLACE
City-St-Zip:  SUN CITY CENTER, FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE:  BRIAN L. MAY                                      MGR                      04/26/2010

Electronic Signature of Signing Officer or Director                                      Date