

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90047 034 ****61.25

DOCUMENT # 752505 1. Entity Name GLOUCESTER H CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO, PA 201 E KENNEDY BLVD SUITE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATTY, CHARLES G.		NAME	KOMST, CURTIS	
STREET ADDRESS	2234 GREENHAVEN DRIVE		STREET ADDRESS	2226 GREENHAVEN DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMST, CURTIS		NAME	YAGER, EILEEN	
STREET ADDRESS	2226 GREENHAVEN DR		STREET ADDRESS	2244 GREENHAVEN DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOMST, YVONNE		NAME	NORBECK, BETTY	
STREET ADDRESS	2226 GREENHAVEN DRIVE		STREET ADDRESS	2242 GREENHAVEN DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	YAGER, EILEEN		NAME		
STREET ADDRESS	2244 GREENHAVEN DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	BISHOP, WILLIAM		NAME		
STREET ADDRESS	2224 GREENHAVEN DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE:			PRES. CURTIS KOMST 3/26/07 642-8990 (813)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40064667



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2077238 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

FL