


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90320 025 ****61.25

DOCUMENT # 752506 1. Entity Name GLOUCESTER J CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT INC 1701-B RICKENBACKER 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	4. FEI Number 59-2077240 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAW OFF. J. R. DE FURIO, P.A. 201 E KENNEDY BLVD, STE 1460 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> FL Zip Code </div>		
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, 2006		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORON, IRENE		NAME	Gault, Norman	
STREET ADDRESS	122 GLOUCESTER BLVD		STREET ADDRESS	2203 Greenhaven Dr.	
CITY-ST-ZIP	SUN CITY CENTER, FL		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAULT, NORMAN		NAME	Sarbenoff, Marilyn	
STREET ADDRESS	2203 GREENHAVEN DRIVE		STREET ADDRESS	2235 Greenhaven Dr.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBEE, LEAH		NAME		
STREET ADDRESS	2211 GREENHAVEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURKO, CHRISTINE		NAME		
STREET ADDRESS	124 GLOUCESTER BLVD		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTL, FRANK		NAME		
STREET ADDRESS	208 GLOUCESTER BLVD		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: <u>Norman H. Gault</u> <u>Norman H. Gault</u> 12/3/6 633-4742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					