2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#752506

FILED Apr 30, 2009 Secretary of State

Entity Name: GLOUCESTER J CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principa	New Principal Place of Business:	
STERLING MANAGEMENT INC 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573			1904 CLUBH(STERLING MANAGEMENT 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573	
Current Mailing Address:			New Mailing	New Mailing Address:	
STERLING MANAGEMENT INC 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573			1904 CLUBH	STERLING MANAGEMENT 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573	
FEI Number:	59-2077240	FEI Number Applied For ()	FEI Number Not Applical	ble () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Ad	ddress of New Registered Agent:	
LAW OFF. J. R. DE FURIO, P.A. 201 E KENNEDY BLVD, STE 1460 TAMPA, FL 33602 US			1010 N. FLOF	WETHERINGTON, HAMILTON, HARRISON & FAIR PA 1010 N. FLORIDA AVE. TAMPA, FL 33602 US	
	named entit of Florida.	y submits this statement for the	purpose of changing its r	registered office or registered agent, or both,	
SIGNATURE: RONALD COTTERILL				04/30/2009	
	Electro	onic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	GAULT, NOR 2203 GREEN		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	STILLSON, D 2205 GREEN		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	OBEE, LEAH 2211 GREEN	() Delete IHAVEN DRIVE ENTER, FL 33573	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RING, WILLIA 204 GLOUCE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	SD RIDEOUT, VI	() Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN L. MAY MGR 04/30/2009