
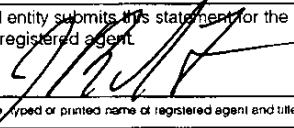


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

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

05-04-2005 90148 019 \*\*\*\*61.25

<b>DOCUMENT # 752507</b>					
1. Entity Name <b>GLOUCESTER K CONDOMINIUM ASSOCIATION, INC.</b>					
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 <b>59-2069968</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEFURIO, JAMES R ESQUIRE 101 E. KENNEDY BLVD., STE 3000 TAMPA FL 33602				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 				DATE <b>4-12-05</b>	
Signature typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELDON, ROBERT		NAME	alberts, Bonnie	
STREET ADDRESS	2205 CANTERBURY LN.		STREET ADDRESS	2216 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUCKETT, HANK		NAME	Elli, Francis	
STREET ADDRESS	2202 GEENHAVEN DR.		STREET ADDRESS	2214 Greenhaven Dr.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, DONALD		NAME		
STREET ADDRESS	2203 CANTERBURY LN.		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, GEORGIA		NAME		
STREET ADDRESS	2207 CANTERBURY LANE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIGGE, JAME		NAME		
STREET ADDRESS	2201 CANTERBURY LANE		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 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: Robert K Sheldon Pres. 4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #