

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

MAY -1 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 752508 (2)**

**GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1904 CLUBHOUSE DRIVE  
TD  
SUN CITY CENTER FL 33573-4351

Mailing Address: 1904 CLUBHOUSE DRIVE  
TD  
SUN CITY CENTER FL 33573-4351

3. Date Incorporated or Qualified: **05/15/1980**  
3a. Date of Last Report: **04/25/1994**  
4. FEI Number: **59-2168846**  
Applied For:  Not Applicable:

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PROFESSIONAL COMMUNITY SERVICES CORP.  
GREENE, ROBERT E.  
1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33570**

10. Name and Address of New Registered Agent  
81 Name: **Florida Lifestyle Management**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PELEGRINO, ARTHUR
STREET ADDRESS	204 GLENELLEN PLACE
CITY ST ZIP	SUN CITY CNTR, FL 0
TITLE	SD
NAME	REESER, LOUISE
STREET ADDRESS	221 GLENELLEN PLACE
CITY ST ZIP	SUN CITY CNTR, FL 0
TITLE	D
NAME	BLACK, RAYMOND
STREET ADDRESS	218 GLENELLEN PLACE
CITY ST ZIP	SUN CITY CNTR FL
TITLE	VD
NAME	LIVINGSTON, FRED
STREET ADDRESS	219 GLENELLEN PLACE
CITY ST ZIP	SUN CITY CENTER FL
TITLE	TD
NAME	HENSHAW, JOHN
STREET ADDRESS	2308 GRANTHAM COURT
CITY ST ZIP	SUN CITY CNTR FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Arthur Pellegrino* - ARTHUR PELLEGRINO - 634 9636  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR  
3/21/95