

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752508 (2)
1. Corporation Name

GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.



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: 05/01/1995
4. FEI Number: 59-2168846
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA LIFESTYLE MANAGEMENT
GREENE, ROBERT E.
1904 CLUBHOUSE DR.
SUN CITY CENTER FL 33570

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
 1.1 TITLE: PD
 1.2 NAME: PELLEGRINO, ARTHUR
 1.3 STREET ADDRESS: 204 GLENELLEN PLACE
 1.4 CITY-ST-ZIP: SUN CITY CNTR, FL 0
delete box marked in error This person is still R.D.
 2.1 TITLE: SD
 2.2 NAME: REESER, LOUISE
 2.3 STREET ADDRESS: 221 GLENELLEN PLACE
 2.4 CITY-ST-ZIP: SUN CITY CNTR, FL 0
 3.1 TITLE: D
 3.2 NAME: BLACK, RAYMOND
 3.3 STREET ADDRESS: 218 GLENELLEN PLACE
 3.4 CITY-ST-ZIP: SUN CITY CNTR FL
 4.1 TITLE: VD
 4.2 NAME: LIVINGSTON, FRED
 4.3 STREET ADDRESS: 219 GLENELLEN PLACE
 4.4 CITY-ST-ZIP: SUN CITY CENTER FL
 5.1 TITLE: TD
 5.2 NAME: HENSHAW, JOHN
 5.3 STREET ADDRESS: 2308 GRANTHAM COURT
 5.4 CITY-ST-ZIP: SUN CITY CNTR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY-ST-ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: D Change Addition
 3.2 NAME: ZELLER, NORMA
 3.3 STREET ADDRESS: 220 GLENELLEN PLACE
 3.4 CITY-ST-ZIP: SUN CITY CENTER, FL 33573
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME: 100001840031
 5.3 STREET ADDRESS: -05/28/96--01017--029
 5.4 CITY-ST-ZIP: ***61.25
 6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 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(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Arthur Pellegrino* - ARTHUR PELLEGRINO - 3/2/96 - 634-9686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/2/96
 Telephone: 634-9686

CR2E037 (12/95)