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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33573-5912
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3. Date Incorporated or Qualified 05/15/1980	3a. Date of Last Report 05/25/1996
4. FEI Number 59-2168846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELEGRINO, ARTHUR	
STREET ADDRESS	204 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CNTR, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REESER, LOUISE	
STREET ADDRESS	221 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CNTR, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZELLER, NORMA	
STREET ADDRESS	220 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CNTR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, FRED	
STREET ADDRESS	219 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENSHAW, JOHN	
STREET ADDRESS	2308 GRANTHAM COURT	
CITY-ST-ZIP	SUN CITY CNTR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PELEGRINO, SELMA
3.3 STREET ADDRESS	204 GLENELLEN PLACE
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LIVINGSTON, MARION
4.3 STREET ADDRESS	219 GLENELLEN PLACE
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. PELEGRINO *Arthur Pellegrino* 8/21/97 634-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046485

CR2E037 (9/96)