1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90152 007 ****61.25

DOCUMENT # 752508

NAME

STREET ADDRESS

GLOUCE	ESTER L CONDOMINIUM AS	SOCIATION, INC.					-		
Principal Place of Business Mailing Address									
1904 CLUBHOUSE DRIVE 1904 CLUBHOUSE DRIVE									
TD TD			4064					(
SUN CITY CEN	NTER FL 33573-4351	SUN CITY CENTER FL 33573	4351			i 100(i) iddar birra mar birli sərər rəis erair ə	1 4 11 =1=11 =1=11	() 01011 100)	
Principal Place of Business 2a. Mailing Address					3	3. Date Incorporated or Qualifed	-		
21					05/15/1980				
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number		olied For	
22	27			59-216		59-2168846	Not Applicable		
City & Stat	e	City & State	City & State			5. Certificate of Status Desired	red		
Zip	Country Zip		Country			Election Campaign Financing	\$5.00	May Be	
24	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current	Registered Agent			10	 Name and Address of New Registered 	<u>i Agent</u>		
			81	Name				}	
FLORIDA LIFESTYLE MANAGEMENT			82	Street A	et Address (P.O. Box Number is Not Acceptable)				
GREENE, ROBERT E.			83					-	
1904 CLUBHOUSE DR.									
SUN CITY CENTER FL 33570			84	FL 85 Zip Code					
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	if Florida. Such change was auth	orized by	the corpor	orporati ration's	on submits this statement for the purpose of board of directors. I hereby accept the appoint	of changing its or pintment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Age	nt signature rec	nuired whe	n reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE			1.1 TIILE				☐ Change	☐ Addition	
NAME			1.2 NAME	1				Ì	
STREET ADDRESS			1.3 STREE	TADDRESS					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP					
TITLE	SD	DELETE 2.1T			50		Change	☐ Addition	
NAME	REESER, LOUISE 22N		2.2 NAME			ET MATLLOUX		}	
STREET ADDRESS	221 GLENELLEN PLACE		2.3 STREE	TADDRESS	202	GLENELLEN PL			
CITY-ST-ZIP			2. 4 CITY-8	ST-ZIP	SU	JCITY CONTER FL		_	
TITLE	VD	☐ DELETE 3.1 TI					Change	☐ Addition	
NAME	•		3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP	SUN CITY CNTR FL 34.0		3.4. CITY-5	ST-ZIP					
TITLE	D	□ DELETE 4.1T			D		Change	Addition	
NAME	MAILLOUX, JANET 4.2N		4. 2 NAME	F	50L	TA CAUCHT a-			
STREET ADDRESS			4.3 STREE	T ADDRESS	JULIA CAUCHI 2305 GRANTHAM CT. SUNCITY CENTER, FL.				
CITY-ST-ZIP	TOE OLD TREATMENT I DIVE		4.4 CITY-S	r-zip	SUN	CITY CENTER FL.			
TITLE	TD	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP	SUN CITY CNTR FL		5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TTLE				Change	☐ Addition	
NAME	· ·		6.2 NAME						

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: Arthu

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