

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90005 035 ****61.25

DOCUMENT # 752508

1. Entity Name

GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
 TD
 SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
 TD
 SUN CITY CENTER FL 33573-5912

2. Principal Office
Sterling Management, Inc.

3. Registered Agent
Sterling Management, Inc.

723 Imar Drive

723 Imar Drive

Suite, Apt. #, etc.
Sun City Center, FL 33573

Suite, Apt. #, etc.
Sun City Center, FL 33573

City & State

City & State

4. FEI Number

59-2168846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of Newly Registered Agent

**Brian L. May/Sterling Management
 723 Imar Drive
 Sun City Center, FL 33573**

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> PD PELLEGRINO, ARTHUR 204 GLENELLEN PLACE SUN CITY CNTR, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> SD MAILLOUX, JANET 202 GLENELLEN PL SUN CITY CTR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> VD LARAMEE, EDWARD 214 GLENELLEN PLACE SUN CITY CNTR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D CAUCHI, JULIA 2305 GRANTHAM CT SUN CITY CENTER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> TD HENSHAW, JOHN 2308 GRANTHAM COURT SUN CITY CNTR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mailloux
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature of Pellegrino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/8/00