

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90234 015 ****61.25

0057749

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 33573-4351

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

STERLING MANAGEMENT

3. Mailing Address

STERLING MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

723 IMAR DR.

723 IMAR DR.

City & State

SUN CITY CENTER FL

City & State

SUN CITY CENTER FL

4. FEI Number

59-2168846

Applied For

Not Applicable

Zip

Country

33573

Zip

Country

33573

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

BRIAN L. MAY

Street Address (P.O. Box Number is Not Acceptable)

STERLING MANAGEMENT

723 IMAR DR

City

SUN CITY CENTER

FL

Zip Code

33573

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

[Handwritten Signature]

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-12-01

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

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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDUSKY, BETTY 2303 GRANTHAM COURT Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELEGRINO, SELMA 204 GLENELLEN PLACE Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (013)
 634-9636

Date

Daytime Phone #

CR2E037 (10/00)