

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90126 026 ****61.25

DOCUMENT # 752508

1. Entity Name

GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**STERLING MANAGEMENT
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

**STERLING MANAGEMENT
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

**MAY, BRIAN L
 STERLING MANAGEMENT
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

Name **BECKER & POLIAKOFF, P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **2401 WEST BAY DRIVE, SUITE 414**
 City **LARGO** FL Zip Code **33770**

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

Ellen Hirsch de Haan

ELLEN HIRSCH DE HAAN, D. FOR THE TERM (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	PD PELLEGRINO, ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS	204 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CNTR, FL 0	
TITLE NAME	SD MAILLOUX, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	202 GLENELLEN PL	
CITY-ST-ZIP	SUN CITY CTR FL	
TITLE NAME	VD LARAMEE, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	214 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CNTR FL	
TITLE NAME	D SANDUSKY, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2303 GRANTHAM COURT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME	TD PELLEGRINO, SELMA	<input type="checkbox"/> Delete
STREET ADDRESS	204 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Barba, Tom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2306 Grantham Court	
CITY-ST-ZIP	Sun City Center 71 33573	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Arthur Pellegrino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
 Date *4/3/02* Daytime Phone #

CR2E037 (9/01)