


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90047 031 ****61.25

DOCUMENT # 752508					
1. Entity Name GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2168846	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAW OFFICES OF JAMES R. DE FURIO, PA 201 E KENNEDY BLVD SUITE 1460 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNNEY, JANET		NAME	LIVINGSTON, MARION	
STREET ADDRESS	202 GLENELLEN PL		STREET ADDRESS	219 GLENELLEN PLACE	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAILLOUX, JANET		NAME	KARAMEE, EDWARD	
STREET ADDRESS	219 GLENELLEN PL		STREET ADDRESS	214 GLENELLEN PLACE	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLEGRINO, ARTHUR		NAME		
STREET ADDRESS	204 GLENELLEN PL		STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKENS, MARIAN		NAME		
STREET ADDRESS	210 GLENELLEN PL		STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBA, TOM		NAME		
STREET ADDRESS	2306 GRANTHAM CT		STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Janet A. Downney</i>		President		Date 3-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 642-8990	

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