

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90080 045 \*\*\*\*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

40088456



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

S Sterling Management  
1904 Clubhouse Drive  
C Sun City Center, FL 33573

l. #, etc.

ite

Country

01182008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-2168846

Applied For  
Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME DOWNEY, JANET  
STREET ADDRESS 202 GLENELLEN PL  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE 0 ☐ Change ☒ Addition  
NAME ALLEN FALLS  
STREET ADDRESS 4515 BIMINI COURT  
CITY-ST-ZIP Apollo Beach FL 33572

TITLE SD ☐ Delete  
NAME LIVINGSTON, MARION  
STREET ADDRESS 219 GLENELLEN PL  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME LARAMEE, EDWARD  
STREET ADDRESS 214 GLENELLEN PLACE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LUKENS, MARIAN  
STREET ADDRESS 210 GLENELLEN PL  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME BARBA, TOM  
STREET ADDRESS 2306 GRANTHAM CT  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Janet Downey* Resident

Date

Daytime Phone #

3-5-08