

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752508

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-2168846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF JAMES R. DE FURIO, PA
201 E KENNEDY BLVD
SUITE 1460
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WETHERINGTON, HAMILTON, HARRISON & FAIR PA
1010 N. FLORIDA AVE.
TAMPA, FL 33602 US

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: RONALD COTTERILL

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWNEY, JANET
Address: 202 GLENELLEN PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: LIVINGSTON, MARION
Address: 219 GLENELLEN PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD () Delete
Name: LUKENS, MARIAN
Address: 210 GLENELLEN PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD () Delete
Name: BARBA, TOM
Address: 2306 GRANTHAM CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: FALES, ALLEN
Address: 6515 BIMINI CT
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHEERAN, RON
Address: 220 GLENELLEN PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FALES, ALLEN
Address: 6515 BIMINI CT
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. MAY

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date