

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752508

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

THE CONTINENTAL GROUP, INC.  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

THE CONTINENTAL GROUP, INC.  
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:**

BUSH, ROSS P.A.  
1802 NORTH HIGHLAND AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DOWNEY, JANET  
Address: 202 GLENELLEN PLACE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD  
Name: SHEERAN, RON  
Address: 220 GLENELLEN PLACE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD  
Name: PINKERTON, RUTH  
Address: 206 GLENELLEN PLACE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D  
Name: FALES, ALLEN  
Address: 2302 GRANTHAM COURT  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD  
Name: BARBA, TOM  
Address: 2306 GRANTHAM COURT  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby 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 all other like empowered.

SIGNATURE: DOWNEY

PD

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date