

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90265 008 ****61.25

DOCUMENT # 752508

1. Entity Name
GLOUCESTER L CONDOMINIUM ASSOCIATION, INC.



10000043



CHECK HERE IF MAKING CHANGES

*****New Address*****
Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

*****New Address*****
Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2168846		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, PA 2401 WEST BAY DRIVE, #414 LARGO FL 33770				Name			
				Street			
				City			
				Zip Code			
				James R. De Furio, Esquire 101 E. Kennedy Blvd., Suite 1030 Tampa, FL 33602			

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]* **MAR 25 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLEGRINO, ARTHUR		NAME	Barba, Tom	
STREET ADDRESS	204 GLENELLEN PLACE		STREET ADDRESS	2306 Grantham Ct.	
CITY-ST-ZIP	SUN CITY CNTR, FL 0		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAILLOUX, JANET		NAME	Laramie, Edward	
STREET ADDRESS	202 GLENELLEN PL		STREET ADDRESS	214 Glenellen Pl.	
CITY-ST-ZIP	SUN CITY CTR FL		CITY-ST-ZIP	Sun City center, FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARAMEE, EDWARD		NAME		
STREET ADDRESS	214 GLENELLEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CNTR FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBA, TOM		NAME		
STREET ADDRESS	2306 GRANTHAM COURT		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	PELLEGRINO, SELMA		NAME		
STREET ADDRESS	204 GLENELLEN PLACE		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 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 REQUIRED** *[Signature]* **633-1710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)