

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90080 046 \*\*\*\*61.25

<b>DOCUMENT # 752509</b> 1. Entity Name <b>GLOUCESTER M CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>STERLING MANAGEMENT</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER, FL 33573</b>		Mailing Address <b>STERLING MANAGEMENT</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER, FL 33573</b>	
2. Principal Place of Business - No P.O. Box # <b>S Sterling Management</b> <b>1904 Clubhouse Drive</b> <b>C Sun City Center, FL 33573</b>		3. Mailing Address It #, etc. ate Country	
4. FEI Number <b>59-2168853</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>DE FURIO, JAMES R ESQ.</b> <b>201 E KENNEDY BLVD STE 1460</b> <b>TAMPA, FL 33602</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLAN, CHARLES 2336 GLENMORE CR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STURGIL, KEN 2327 GLENMORE CIR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN, ROSEMARY 2334 GLENMORE CIR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONROE, SARAH 2304 GLENMORE CIR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENO, PAT 2323 GLENMORE CIRCLE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Charles D. Boylan</i> <b>PRES</b>		<b>3/5/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	