

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718946 (7)

TOWN SHORES OF GULFPORT NO. 200, INC., A CONDOMINIUM



Principal Place of Business: 3210 59TH ST S, GULFPORT FL 33707
Mailing Address: 3210 59TH ST S, GULFPORT FL 33707

3. Date Incorporated or Qualified: 08/04/1970
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1367035
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip & Country.

9. Name and Address of Current Registered Agent: RENFROW, GLORIA, 3210 59TH STREET SOUTH, GULFPORT, 33707

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (300001786633 -04719/96--01014--020), City (***61.25), State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, ROBERT	
STREET ADDRESS	5840 30TH AVENUE, SOUTH	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SWEETZ, DAVE	
STREET ADDRESS	5840 39TH AVE. S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACHADO, MARY	
STREET ADDRESS	5840 30TH AVENUE, S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GESSMAN, ANNA	
STREET ADDRESS	5840 30TH AVENUE, SOUTH	
CITY-ST-ZIP	GULFPORT FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DANCE, ENID	
STREET ADDRESS	5840 30TH AVE. S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CICCONE, BEATRICE	
STREET ADDRESS	5840 30TH AVENUE, SOUTH	
CITY-ST-ZIP	GULFPORT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Bill Tedesco	
1.3 STREET ADDRESS	5840 30th Ave S.	
1.4 CITY-ST-ZIP	Gulfport, FL 33707	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Theda Duncan	
2.3 STREET ADDRESS	5840 30 AVE S	
2.4 CITY-ST-ZIP	Gulfport, FL 33707	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Jones	
3.3 STREET ADDRESS	5840 30th Ave S	
3.4 CITY-ST-ZIP	Gulfport FL 33707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jean Maquire	
5.3 STREET ADDRESS	5840 30th Ave S	
5.4 CITY-ST-ZIP	Gulfport FL 33707	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mike Gallo	
6.3 STREET ADDRESS	5840 30th Ave S	
6.4 CITY-ST-ZIP	Gulfport FL 33707	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L Jones Robert L Jones 3/15/96 813-345-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)