


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718946 (7)**  
1. Corporation Name  
**TOWN SHORES OF GULFPORT NO. 200, INC., A CONDOMINIUM**



Principal Place of Business <b>3210 59TH ST S GULFPORT FL 33707</b>	Mailing Address <b>3210 59TH ST S GULFPORT FL 33707-5942</b>
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3. Date Incorporated or Qualified <b>08/04/1970</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-1367035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

10. Name and Address of New Registered Agent  
81 Name  
**Town Shores Master Mgmt. / Ida Ezell**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3210 59th St. S.**  
83  
84 City  
**Gulfport** FL 85 Zip Code  
**33707**

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: **Ida Ezell** **Ida Ezell** DATE: **4-20-97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TEDESCO, BILL</b>		1.2 NAME	<b>Pres. AD Robert Hunt</b>
STREET ADDRESS <b>5840 30TH AVENUE, SOUTH</b>		1.3 STREET ADDRESS	<b>5840 30th Aves.</b>
CITY-ST-ZIP <b>GULFPORT FL 33707</b>		1.4 CITY-ST-ZIP	<b>Gulfport, FL 33707</b>
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DUNCAN, THEDA</b>		2.2 NAME	<b>VP Beatrice Ciccone</b>
STREET ADDRESS <b>5840 39TH AVE. S.</b>		2.3 STREET ADDRESS	<b>5840 30th Aves.</b>
CITY-ST-ZIP <b>GULFPORT FL 33707</b>		2.4 CITY-ST-ZIP	<b>Gulfport, FL 33707</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, ROBERT</b>		3.2 NAME	
STREET ADDRESS <b>5840 30TH AVENUE, S</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULFPORT FL 33707</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GESSMAN, ANNA</b>		4.2 NAME	
STREET ADDRESS <b>5840 30TH AVENUE, SOUTH</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULFPORT FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAQUIRE, JEAN</b>		5.2 NAME	
STREET ADDRESS <b>5840 30TH AVE. S.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULFPORT FL 33707</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALLO, MIKE</b>		6.2 NAME	
STREET ADDRESS <b>5840 30TH AVENUE, SOUTH</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>GULFPORT FL 33707</b>		6.4 CITY-ST-ZIP	

14. I do 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 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.  
**Robert Hunt**

SIGNATURE: **Robert Hunt** DATE: **4-7-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)