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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718946

1. Corporation Name
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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/04/1970	4. FEI Number 59-1367035	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

**TOWN SHORES MASTER MGMT.
 C/O EZELL, IDA
 3210 59TH ST.S.
 GULFPORT, FL 33707**

10. Name and Address of New Registered Agent

81 Name **Gregg Fata**
 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 *[Signature]* DATE **2/22/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUNT, ROBERT.	
STREET ADDRESS	5840 30TH AVE. S. # 302	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CICCONE, BEATRICE	
STREET ADDRESS	5840 30TH AVE. S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ROBERT	
STREET ADDRESS	5840 30TH AVENUE, S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GESSMAN, ANNA	
STREET ADDRESS	5840 30TH AVENUE, SOUTH	
CITY-ST-ZIP	GULFPORT FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MAQUIRE, JEAN	
STREET ADDRESS	5840 30TH AVE. S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLO, MIKE	
STREET ADDRESS	5840 30TH AVENUE, SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	same
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Martha Drews
2.3 STREET ADDRESS	5840 30th Ave S # 101
2.4 CITY-ST-ZIP	GULFPORT FL 33707
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREAS HELEN WOLCHESKY
3.3 STREET ADDRESS	5840 30th Ave S # 203
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. Sect. Della Dee
5.3 STREET ADDRESS	5840 30th Ave S # 207
5.4 CITY-ST-ZIP	GULFPORT FL 33707
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE [Signature]** DATE **2/22/99** DAYTIME PHONE # **727-343-9066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)