

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90006 015 ****61.25

DOCUMENT # 718946

1. Entity Name

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

Principal Place of Business

Mailing Address

3210 59TH ST S
 GULFPORT FL 33707

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 GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1367035

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FATA, GREGG~~

3210 59TH STREET SOUTH
 GULFPORT, FL 33707

Name **Gloria Nichols**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Gloria Nichols, Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JAMES	
STREET ADDRESS	5840 30TH AVE S 304	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JERRY	
STREET ADDRESS	5840 30 AV S 202	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLGHECKY, HELEN	
STREET ADDRESS	5840 30TH AVENUE S: #203	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEE, DELLA	
STREET ADDRESS	5840 30TH AVENUE #207	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEETZ, DAVE	
STREET ADDRESS	5840 30 AV S 306	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Koslowski	
STREET ADDRESS	5840 30th Ave. S. #301	
CITY-ST-ZIP	Gulfport, Fl. 33707	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Aldenberger	
STREET ADDRESS	5840 30th Ave. S. #209	
CITY-ST-ZIP	Gulfport, Fl. 33707	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony D alessandro	
STREET ADDRESS	5840 30th Ave. S. #109	
CITY-ST-ZIP	Gulfport, Fl. 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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*

1-10-02

CR2E037 (9/01)