

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90257 041 ****61.25

20044300



01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # 718946					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1367035	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FATA, GREG 3210 59TH STREET SOUTH GULFPORT, FL 33707			Name		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, KOSLOWSKI		NAME		
STREET ADDRESS	5880 30TH AVENUE STE 301		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, BARBARA		NAME		
STREET ADDRESS	5840 30TH AVE S #108		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JERRY		NAME	MARY STOVER	
STREET ADDRESS	5840 30TH AVE. S. #202		STREET ADDRESS	5840 30TH AVES #308	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEE, DELLA		NAME	ROSE BRUECKL	
STREET ADDRESS	5840 30TH AVENUE #207		STREET ADDRESS	5840 30TH AVE S #311	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, BOB		NAME	HELEN WOLCHESKY	
STREET ADDRESS	5840 30TH AVE S #302		STREET ADDRESS	5840 30TH AVE S #203	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Helen Wolchesky</i>		Date: <i>4/15/05</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	