


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90082 010 \*\*\*\*61.25

<b>DOCUMENT # 718946</b>					
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 - No P.O. Box #			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 <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 <i>Greg Fata</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSLOWSKI, JOHN		NAME	Helen Wolchesky	
STREET ADDRESS	5840 30TH AVE S 301		STREET ADDRESS	5840 30th Ave. S. #203	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSLOWSKI, JOHN		NAME	Henry Knowlton	
STREET ADDRESS	5840 30TH AVE. S. #301		STREET ADDRESS	5840 30th Ave. S. #202	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, MARY		NAME		
STREET ADDRESS	5840 30TH AVE S. #308		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLTON, HENRY		NAME	John Koslowski	
STREET ADDRESS	5840 30TH AVE. S. #202		STREET ADDRESS	5840 30th Ave. S. #301	
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	BOUCHER, BARBARA		NAME	Robert Fanning	
STREET ADDRESS	5840 30TH AVE. S. #108		STREET ADDRESS	5840 30th Ave. S. #315	
CITY-ST-ZIP	SAINT PETERSBURG, 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 exemptions contained in Chapter 119, 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>Henry Knowlton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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