

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718946

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** TOWN SHORES OF GULFPORT NO. 200, INC., A CONDOMINIUM

**Current Principal Place of Business:**

3210 59TH ST S  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

3210 59TH ST S  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 59-1367035      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FATA, GREG  
3210 59TH STREET SOUTH  
GULFPORT,, FL 33707      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KOSLOWSKI, JOHN  
Address: 5840 30TH AVE. S. #301  
City-St-Zip: GULFPORT, FL 33707

Title: VPD  
Name: MALMSTEDT, DOROTHY  
Address: 5840 30TH AVE. S. #310  
City-St-Zip: GULFPORT, FL 33707

Title: TD  
Name: STOVER, MARY  
Address: 5840 30TH AVE S. #308  
City-St-Zip: GULFPORT, FL 33707

Title: SD  
Name: BOUCHER, BARBARA  
Address: 5840 30TH AVE. S. #108  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: FANNING, ROBERT  
Address: 5840 30TH AVE. ST #315  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: MARE, WESLEY  
Address: 5840 30TH AVE. S. # 303  
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN KOSLOWSKI

PD

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date