

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 721184 (0)

1. Corporation Name

TOWN SHORES OF GULFPORT, NO. 202, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

**3210 59TH ST S
GULFPORT FL 33707**

**3210 59TH ST S
GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1971

3a. Date of Last Report

04/26/1994

4. FBI Number

23-7410713

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWN SHORES MANAGEMT
C/O GLORIA RENFROW
3210 59TH ST S
GULFPORT FL 33707**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SHAW, JOHN
STREET ADDRESS	3018 - 59TH ST., S.
CITY-ST-ZIP	GULFPORT, FL 00000
TITLE	S
NAME	JONES, LIBBY
STREET ADDRESS	3018 - 59TH ST., S.
CITY-ST-ZIP	GULFPORT FL
TITLE	VPO
NAME	VANLANDINGHAM, ALBERT
STREET ADDRESS	3018 59TH ST S
CITY-ST-ZIP	GULFPORT, FL 00000
TITLE	TD
NAME	MARTINO, LUCY
STREET ADDRESS	3018 59TH ST. S. 201
CITY-ST-ZIP	GULFPORT, FL 00000
TITLE	D
NAME	ADORNATO, DOMINICK
STREET ADDRESS	3018 59TH ST. S.
CITY-ST-ZIP	GULFPORT FL
TITLE	TD
NAME	WHITEHAIR, ELIZABETH
STREET ADDRESS	3018 59TH ST. S.
CITY-ST-ZIP	GULFPORT FL

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Elgas Boles	
1.3 STREET ADDRESS	3018 59th St S #211	
1.4 CITY-ST-ZIP	Gulfport FL 33707	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	Beula Carlson	
3.3 STREET ADDRESS	3018 59th St S #402	
3.4 CITY-ST-ZIP		
4.1 TITLE	P	☒ Change ☐ Addition
4.2 NAME	Alice Gorowdki	
4.3 STREET ADDRESS	3018 59th St. S #204	
4.4 CITY-ST-ZIP	Gulfport, FL 33707	
5.1 TITLE	P	☒ Change ☐ Addition
5.2 NAME	AL VanLandingham	
5.3 STREET ADDRESS	3018 59th St S #108	
5.4 CITY-ST-ZIP	Gulfport, FL 33707	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Beula Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beula Carlson 2/7/95
Date Daytime Phone #

721184



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Date of this notice:
Taxpayer Identifying Number
Form: 2363

Tax Period:

|||||

For assistance you may
call us at:

354-1760 LOCAL JAX.
1-800-829-1040 OTHER FL

TOWN SHORES OF GULFPORT NO 202 INC
3210 59TH ST S
GULFPORT FL 33707-5942

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

23-7410713

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS WHICH SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Keep this part for your records

Overlay 5 Form 6409 (Rev. 8-91)

Return this portion to us with your inquiry or with your check if you have a balance due.

Your telephone number

() -

Best time to call

592970762 UF 00 0000

|||||

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INTERNAL REVENUE SERVICE
ATLANTA, GA 39901

TOWN SHORES OF GULFPORT NO 202 INC
3210 59TH ST S
GULFPORT FL 33707-5942

When the mag. concern:
Please note that the FEI #
is incorrect. Your records
show 23-7410713 - it should
be 22-28500 -

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME
DATE STAMP

016 Telephone number

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-90)

AMOUNT OF DEPOSIT (Do NOT type please print.)
DOLLARS CEN

CEMENTS

**Daifuku only does
TYPE OF TAPE**

TAX PERIOD:

118

Calligraphy

11/1/2011

Deputy

060

WILLIS TOWERS WATSON

720 1930075

3-1

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PROPER BEHAVIOR USE IN MARCH ENCODING