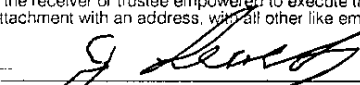


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90257 042 ****61.25

DOCUMENT # 721184 1. Entity Name TOWN SHORES OF GULFPORT, NO. 202, INC.					
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	Zip	Country	4. FEI Number 59-2970762	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 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 _____ Signature, typed or printed name of registered agent and title if applicable (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. ☐		\$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	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	GREGG, TOM		NAME	DURAND, KATHY	
STREET ADDRESS	3018 59TH ST S #103		STREET ADDRESS	3018 59TH ST S #104	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	LEACH, JOE		NAME		
STREET ADDRESS	3018 59TH ST S #208		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PONTRELLI, ANTHONY		NAME		
STREET ADDRESS	3018 59TH ST S #111		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	JONES, ELIZABETH		NAME	EMMANUEL, JANELL	
STREET ADDRESS	3018 59TH ST S #114		STREET ADDRESS	3018 59TH ST S #406	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ADORNATO, HELEN		NAME		
STREET ADDRESS	3018 59TH ST S #311		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	O'CONNELL, JOE		NAME	COLE, CLAUDIA	
STREET ADDRESS	3018 59TH ST S #310		STREET ADDRESS	3018 59TH ST S #107	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	GULFPORT FL 33707	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date: 4-15-05	
				Daytime Phone #	