2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State
05-05-2003 90361 022 ****61.25

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DOCUMENT # 721184

1. Entity 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

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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
~~GLORIA NICHOLS~~ 3210 59TH STREET SOUTH GULFPORT FL 33707	Name Gregg Fata Street Address (P.O. Box Number is Not Acceptable) 3210 - 59th Street So. City Gulfport FL Zip Code 33707

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 Gregg Fata 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DURAND, KATHLEEN 3018 59TH ST. S. GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP D PV President - Vice John Anderson 3018 - 59th Streets, # 109 Gulfport, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADORNATO, HELEN 3018 59 STREET SOUTH GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Treasurer John Leach 3018 - 59th Street S. #208 Gulfport, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADORNATO, DOMENICK 3018 59TH ST. S 402 GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Secretary Jeannette Powers 3018 - 59th Street S. #105 Gulfport, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, ROBERT 3018 59TH ST. S. GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bob Powers 3018 - 59th Streets. # 105 Gulfport, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMORE, FRANK 3018 59TH ST. S #108 GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHAIR, ELIZABETH 3018 59TH ST. S. GULFPORT FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E087 (10/02)

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 REQUIRED John Anderson 5-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #