2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90228 002 ****61.25

DOCUMENT # 724563

1. Entity Name
TOWN SHORES OF GULFPORT, NO. 209, INC.

40064099

Principal Place of Business	Mailing Address
3210 59TH STREET SOUTH GULFPORT, FL 33707	3210 59TH STREET SOUTH GULFPORT, FL 33707

01042005 Chg-NP CR2E037 (10/03)

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 59-1533030 ☐ 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 ST. S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S CALLAHAN, TOM 5900 SHORE BLVD S GULF PORT, FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Yvonne Williams 5900 Shore Blvd. S. #712 Gulfport, FL 33707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD UNTERKOEFLER, FRANCES 5900 SHORE BLVD SOUTH - 809 GULF PORT, FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lee Davis 5900 Shore Blvd S. 802 Gulfport, FL 33707	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FAWRETT, JOE 5900 SHORE BLVD S GULF PORT, FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PERLROTH, CYNTHIA 5900 SHORE BLVD S GULF PORT, FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Frances Unterkoefler 5900 Shore Blvd S. 809 Gulfport, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Fiona Waterhouse 4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #