

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 724675 (4)

1. Corporation Name

TOWN SHORES OF GULFPORT NO. 210, INC.



Principal Place of Business

3210 59TH STREET SOUTH  
GULFPORT FL 33707

Mailing Address

3210 59TH STREET SOUTH  
GULFPORT FL 33707

3. Date Incorporated or Qualified

10/30/1972

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1646167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

TOWN SHORES MANAGEMENT  
C/O GLORIA RENFROW  
3210 59TH ST S  
33707

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TS ☐ DELETE

NAME KIEL, RUTH  
STREET ADDRESS 5925 SHORE BLVD #109  
CITY-ST-ZIP GULFPORT, FL 00000

TITLE VP ☐ DELETE

NAME DOBECK, MARY  
STREET ADDRESS 5925 SHORES BLVD S 406  
CITY-ST-ZIP GULFPORT, FL 00000

TITLE D ☐ DELETE

NAME GROESCHNER, EARL  
STREET ADDRESS 5925 SHORE BLVD. SOUTH  
CITY-ST-ZIP GULFPORT, FL 00000

TITLE D ☐ DELETE

NAME MCMURRAY, DON  
STREET ADDRESS 5925 SHORE BLVD S  
CITY-ST-ZIP GULFPORT, FL 00000

TITLE D ☐ DELETE

NAME REYNOLDS, RITA  
STREET ADDRESS 5925 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 00000

TITLE P ☒ DELETE

NAME TOWNSEND, VOLNEY  
STREET ADDRESS 5925 SHORE BLVD #417  
CITY-ST-ZIP GULFPORT, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001786623

04/19/96 01014 010

\*\*\*61.25

SD

P  
Chester Todd  
5925 Shore Blvd S.  
Gulfport, FL 33707

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: *Chester Todd* Chester Todd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

813-345-9491

CR2E037 (12/95)