

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90024 043 ****61.25

DOCUMENT # 724675

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/30/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1646167

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Gregg Fata

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

3210 59th St. S.

83

84 City

Gulfport

FL

85 Zip Code
33707

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

Gregg Fata

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TS** ☒ DELETE
NAME **KIEL, RUTH**
STREET ADDRESS **5925 SHORE BLVD #109**
CITY-ST-ZIP **GULFPORT, FL 00000**

1.1 TITLE **TS** ☒ Change ☐ Addition
1.2 NAME **JEAN YVES RIOUX**
1.3 STREET ADDRESS **5925 SHORE BLVD #405**
1.4 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **P** ☐ DELETE
NAME **COLELLO, WILLIAM**
STREET ADDRESS **5925 SHORES BLVD S 406**
CITY-ST-ZIP **GULFPORT, FL 00000 33707**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **WEHRWEIN, DOLORES** *need to correct spelling*
STREET ADDRESS **5925 SHORE BLVD. SOUTH**
CITY-ST-ZIP **GULFPORT, FL 00000 33707**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **WEHRWEIN, DOLORES**
3.3 STREET ADDRESS **5925 SHORE BLVD #308**
3.4 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **T** ☐ DELETE
NAME **OSBORNE, HELEN**
STREET ADDRESS **5925 SHORE BLVD S**
CITY-ST-ZIP **GULFPORT, FL 00000 33707**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **REYNOLDS, RITA**
STREET ADDRESS **5925 SHORE BLVD.**
CITY-ST-ZIP **GULFPORT, FL 00000**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DESCHONNER, HELGA**
5.3 STREET ADDRESS **5925 SHORE BLVD #211**
5.4 CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **VP** ☐ DELETE
NAME **DOBECK, MARY**
STREET ADDRESS **5925 SHORE BLVD S.**
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 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 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, with all other like empowered.

SIGNATURE:

William Colello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99 727-347-8962

CR2E037 (11/98)