


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90228 004 \*\*\*\*61.25

<b>DOCUMENT # 724675</b> 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1646167	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YVES RIOUX, JEAN		NAME		
STREET ADDRESS	5925 SHORE BLVD. #405		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, ROSEMARIE		NAME		
STREET ADDRESS	5925 SHORE BLVD S # 106		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEMARCO, RITA		NAME	Mabel Lancaster	
STREET ADDRESS	5925 SHORE BLVD.		STREET ADDRESS	5925 Shore Blvd S. # 509	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOODS, RAYMOND		NAME	DORIS BERLIN	
STREET ADDRESS	5925 SHORE BLVD S #511		STREET ADDRESS	5925 SHORE BLVD #105	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport FL 33707	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LALLI, GUY		NAME	EDITH DALY (DIRECTOR)	
STREET ADDRESS	5925 SHORE BLVD S 614		STREET ADDRESS	5925 SHORE BLVD 615	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport FL 33707	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANCASTER, EULIS		NAME	PAULINE JACKSON	
STREET ADDRESS	5925 SHORE BLVD S #509		STREET ADDRESS	5925 SHORE BLVD #305	
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: <u>Rosemarie Black (Pres)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-11-05 727-381-7941 Date Daytime Phone #		