FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721184 (0)

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1971
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7410713 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOWN SHORES MANAGEMNT
C/O GLORIA RENFROW
3210 59TH ST S
GULFPORT FL 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SHAW, JOHN	1.2 NAME	Eligs Boles	
STREET ADDRESS	3018 - 59TH ST., S.	1.3 STREET ADDRESS	3018 59th St S #211	
CITY-ST-ZIP	GULFPORT, FL 00000	1.4 CITY-ST-ZIP	Gulfport FL 33707	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, LIBBY	2.2 NAME		
STREET ADDRESS	3018 - 59TH ST., S.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	VANLANDINGHAM, ALBERT	3.2 NAME	Beula Carlson	
STREET ADDRESS	3018 59TH ST S	3.3 STREET ADDRESS	3018 59th St S #402	
CITY-ST-ZIP	GULFPORT, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	MARTINO, LUCY	4.2 NAME	Alice Gorowdki	
STREET ADDRESS	3018 59TH ST. S. 201	4.3 STREET ADDRESS	3018 59th St. S #204	
CITY-ST-ZIP	GULFPORT, FL 00000	4.4 CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	5.1 TITLE	P	☒ Change ☐ Addition
NAME	ADORNATO, DOMINICK	5.2 NAME	AL VanLandingham	
STREET ADDRESS	3018 59TH ST. S.	5.3 STREET ADDRESS	3018 59th St S #108	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHAIR, ELIZABETH	6.2 NAME		
STREET ADDRESS	3018 59TH ST. S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Beula V Carlson Beula Carlson 2/7/95 813-345-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000[illegible]

592970762 UF 00 0000 9205 5981 721184 07963-743-00132-1 28846 209

Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Date of this notice:
Taxpayer Identifying Number: [redacted]
Form: 2363 Tax Period:

For assistance you may call us at:

354-1760 LOCAL JAX.
1-800-829-1040 OTHER FL

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

TOWN SHORES OF GULFPORT NO 202 INC
3210 59TH ST S
GULFPORT FL 33707-5942

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

23-7410713

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS WHICH SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev. 8-91)

Return this portion to us with your inquiry or with your check if you have a balance due.

Your telephone number	Best time to call
( ) -	

592970762 UF 00 0000

209

INTERNAL REVENUE SERVICE
ATLANTA, GA 39901

TOWN SHORES OF GULFPORT NO 202 INC
3210 59TH ST S
GULFPORT FL 33707-5942

9205 07963-743-00132-1

7211 84

To Whom this may concern:
Please note that the FEI #
is incorrect. Your records
show 23-7410713 - it should
be as shown -

... mailed to you. You must order a new ... (Form 8109A) and return envelope.

... (3) to make a deposit with the ... example below.

(2) ... only one ... of Tax

(3) Darken only one Tax Period

(... on inside of back cover.)

Amount 25.00
Date 2-10-92 Check Number
Type of Tax 1120 Tax Period 1-92

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/ DATE STAMP

AMOUNT OF DEPOSIT (Do NOT type; please print.)
DOLLARS CENTS

EIN 59-2970762 240400
TOWN SHORES OF GULFPORT NO 202 INC
3210 59TH ST S
GULFPORT FL 33707

07 8 Telephone number ( )

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-90)

Darken only one TYPE OF TAX		Darken only one TAX PERIOD
941	Sch. A	1st Quarter
990C	1120	2nd Quarter
943	990T	3rd Quarter
720	990PF	4th Quarter
CT-1	1042	
940		62

FOR BANK USE IN MICR ENCODING