

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

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

**DOCUMENT # 724563 (2)**

1. Corporation Name  
**TOWN SHORES OF GULFPORT, NO. 209, INC.**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/16/1972</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-1533030</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
6. This corporation has liability for intangible tax under s. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**TOWN SHORES MANAGEMENT  
C/O GLORIA NICHOLS  
3210 59TH ST S  
GULFPORT FL 33707**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>
NAME	<b>ROW, HELEN</b>
STREET ADDRESS	<b>5900 SHORE BLVD SOUTH</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<b>P</b>
NAME	<b>WICKMAN, LARRY</b>
STREET ADDRESS	<b>5900 SHORE BLVD., S.</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<b>S</b>
NAME	<b>KERWIN, ROSE</b>
STREET ADDRESS	<b>5900 SHORE BLVD SOUTH</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<b>D</b>
NAME	<b>NEILSEN, SHIRLEY</b>
STREET ADDRESS	<b>5900 SHORE BLVD., S.</b>
CITY-ST-ZIP	<b>GULFPORT FL</b>
TITLE	<b>D</b>
NAME	<b>VERDICCHIO, JOE</b>
STREET ADDRESS	<b>5900 SHORE BLVD. S.</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<b>D</b>
NAME	<b>OGLE, LEE</b>
STREET ADDRESS	<b>5900 SHORE BLVD SOUTH</b>
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: Larry Wickman, Pres.      3/14/95      345-5020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Optional) Phone #