

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 # **724563** (2)

1. Corporation Name

TOWN SHORES OF GULFPORT, NO. 209, INC.



Principal Place of Business

Mailing Address

3210 59TH STREET SOUTH
GULFPORT FL 33707

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GULFPORT FL 33707

3. Date Incorporated or Qualified

10/16/1972

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1533030

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE VP DELETE
NAME ROW, HELEN
STREET ADDRESS 5900 SHORE BLVD SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE P DELETE
NAME WICKMAN, LARRY
STREET ADDRESS 5900 SHORE BLVD., S.
CITY-ST-ZIP GULFPORT, FL 33707

21 TITLE PD Change Addition
22 NAME Dan Long
23 STREET ADDRESS 5900 Shore Blvd S.
24 CITY-ST-ZIP Gulfport, FL 33707

TITLE S DELETE
NAME KERWIN, ROSE
STREET ADDRESS 5900 SHORE BLVD SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 400001786624

TITLE D DELETE
NAME NEILSEN, SHIRLEY
STREET ADDRESS 5900 SHORE BLVD., S.
CITY-ST-ZIP GULFPORT FL

41 TITLE Change Addition
42 NAME -04719796--01014--00
43 STREET ADDRESS ***61.25
44 CITY-ST-ZIP

TITLE T DELETE
NAME VERDICCHIO, JOE
STREET ADDRESS 5900 SHORE BLVD. S.
CITY-ST-ZIP GULFPORT, FL 33707

51 TITLE T Change Addition
52 NAME Larry Wickman
53 STREET ADDRESS 5900 Shore Blvd S
54 CITY-ST-ZIP Gulfport, FL 33707

TITLE D DELETE
NAME OGLE, LEE
STREET ADDRESS 5900 SHORE BLVD SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

61 TITLE D Change Addition
62 NAME Jenny Berry
63 STREET ADDRESS 5900 Shore Blvd S
64 CITY-ST-ZIP 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: *Helen L. Row* *H. L. Row* 3/15/96 813-345-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)