

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**

**3210 59TH STREET SOUTH
GULFPORT FL 33707**

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

Country

Zip

Country

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

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

TITLE P ☒ DELETE

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

TITLE S ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE T ☒ DELETE

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

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

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

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

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41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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51 TITLE ☐ Change ☒ Addition

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

61 TITLE ☐ Change ☒ Addition

62 NAME D
63 STREET ADDRESS Jenny Berry
64 CITY-ST-ZIP 5900 Shore Blvd S
Gulfport, FL 33707

4/16

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)