

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33707-5942**

3. Date Incorporated or Qualified **10/16/1972** 3a. Date of Last Report **04/18/1996**
4. FEI Number **59-1533030** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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
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		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROW, HELEN	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LONG, DAN	
STREET ADDRESS	5900 SHORE BLVD., S.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KERWIN, ROSE	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEILSEN, SHIRLEY	
STREET ADDRESS	5900 SHORE BLVD., S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WICKMAN, LARRY	
STREET ADDRESS	5900 SHORE BLVD. S.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, JENNY	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob Lesley	
1.3 STREET ADDRESS	5900 Shore Blvd #601	
1.4 CITY-ST-ZIP	Gulfport FL 33707	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Josephine Cuda	
4.3 STREET ADDRESS	5900 Shore Blvd #405	
4.4 CITY-ST-ZIP	Gulfport FL 33707	
5.1 TITLE		<input type="checkbox"/> Change <input 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 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: *[Signature]* 4-4-97 745-9491

CR2E037 (9/96)