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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

TOWN SHORES OF GULFPORT, NO. 201, INC., A CONDOM INIUM

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



| 3210 597H ST S GULFPORT FL 33707 | | 3210 597H ST \$ GULFPORT FL 33707-5942 | | | |
|-------------------------------------|---|---|---|--|---|
| | | | | 3. Date Incorporated or Qualified 01/15/1971 | 3a. Date of Last Report 04/18/1996 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-1991150 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | θ | City & State | ······································ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent |
| C/O GLC 3210 59 GULFPO | RT FL 33707 | | 82 Street 3 (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) | 1600rt | FL 85 Zip Code |
| | | | | corlioration submits this statement for the poration's board of directors. I hereby acce | ourpose of changing its registered of the appointment as registered |
| SIGNATURE . | Lda Ezel Signature, typed or printed name of registered ag | ent and little if applicable (NOT | ALL Egge | required whon reinstating) | -21-97 |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | VP | ☐ DELETE | 1.1 TILLE | Pres. / DIR | Change Addition |
| NAME | MILLARD, ROSS | | 1.2 NAME | 1 | |
| STREET ADDRESS | 3010 59TH ST. S. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULF PORT, FL 33707 | | 1.4 CITY - ST - 7IP | | |
| TITLE | PD | ☐ DELETE | 2 1 TITLE | T/DIR | Change 🔲 Addition |
| NAME | ZIERES, AUDRE | | 2.2 NAME | | |
| STREET ADDRESS | 3010 59TH ST, S | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULF PORT, FL 00000 | | 2 4 CITY-ST-7IP | | |
| TITLE | T | X DELE1E | 3.1 TITLE | DIR | Change Addition |
| NAME | LINCICOME, ROBERT | | 3.2 NAME | Trma Slocum | |
| STREET ADDRESS | 3010 59TH ST, S | | 3.3 STREET ADDRESS | 3010 594 543 | _ |
| CITY-ST-ZIP | GULF PORT, FL 33707 | | 3.4. CITY-ST-ZIP | Gulfport, FL 33 | 707 |
| TITLE | S | DELETE | 4.1 TillE | I VID | I I Libande I Addition |
| NAME | BROADWAY, RUTH | | 4. 2 NAME | Ruth matarazzo | |
| STREET ADDRESS | 3010 SATH ST., S. | | 4.3 STREET ADDRESS | 3010 59455+.S. | |
| CITY-ST-ZIP | GULF PORT, FL 00000 | | 4.4 CITY-ST-ZIP | Ruth matarazzo 3010 59th St.S. Crulfport, FC 33 | 107 |
| TITLE | D | DELETE. | 5.1 TITLE D | 7-6- 504 //. 1 | Change Addition |
| NAME | RONALDER, FRED | | 5.2 NAME | John Scullide 3010 59 54.5 | The same |
| STREET ADDRESS | 3010 59TH ST, S | | 5.3 STREET ADDRESS | 3010 34 74.3 | 104 |
| CITY-ST-ZIP | GULF PORT, FL 00000 | | 5.4 CITY-S1-7IP | Gulfport, Fl | 33707 |
| TITLE | D | DELETE | 6.1 TITLE | Sec. | Change Addition |
| NAME | BARBERIO, TINA | | 6.2 NAME | | • |
| STREET ADDRESS | 3010 59TH ST. S | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULFPORT FL 33707 | | 6.4 CHY+S1-7IP | | |
| | | d with this filing does not quali | | I stated in Section 119.07(3)(i). Florida Stalute | s. I further certify that the |

Information indicated on this annual report or supplied min dust ming over not quality for the exemption stated in Section 118.07(3)(i), Florida Statutes. Florida Statutes and the time of the comporation of 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.