

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721184** (0)

1. Corporation Name

TOWN SHORES OF GULFPORT, NO. 202, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

3210 59TH ST S
GULFPORT FL 33707

3210 59TH ST S
GULFPORT FL 33707-5942



3. Date Incorporated or Qualified
06/17/1971

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

23-7410713

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWN SHORES MANAGEMNT
C/O GLORIA RENFROW
3210 59TH ST S
GULFPORT FL 33707**

81 Name
Town Shores Master Mgmt - Ida Ezell

82 Street Address (P.O. Box Number is Not Acceptable)
3210 59th St. S.

83

84 City
Gulfport

FL

85 Zip Code

33707

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

Ida Ezell

Ida Ezell

4-20-97

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BOLES, ELIAS	
STREET ADDRESS	3018 59TH ST. S #211	
CITY-ST-ZIP	GULFPORT, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, LIBBY	
STREET ADDRESS	3018 - 59TH ST., S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARLSON, BEULA	
STREET ADDRESS	3018 59TH ST. S 402	
CITY-ST-ZIP	GULFPORT, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNELL, JOE	
STREET ADDRESS	3018 59TH ST. S.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANLANDINGHAM, AL	
STREET ADDRESS	3018 59TH ST. S #108	
CITY-ST-ZIP	GULFPORT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITEHAIR, ELIZABETH	
STREET ADDRESS	3018 59TH ST. S.	
CITY-ST-ZIP	GULFPORT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP Pres - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Muir	
1.3 STREET ADDRESS	3018 59th St. S.	
1.4 CITY-ST-ZIP	Gulfport, FL 33707	
2.1 TITLE	S - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joyce Frontcakas	
2.3 STREET ADDRESS	3018 59th St. S.	
2.4 CITY-ST-ZIP	Gulfport, FL 33707	
3.1 TITLE	Pres. - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	NORMA NUBLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3018 59th St S.	
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 unchanged, or on an attachment with an address.

SIGNATURE: **Beula Carlson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 Beula Carlson
Date Daytime Phone # 0050373

CR2E037 (9/96)