


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3210 59TH ST S GULFPORT FL 33707</b>		Mailing Address <b>3210 59TH ST S GULFPORT FL 33707</b>		3. Date Incorporated or Qualified <b>06/17/1971</b>	
				4. FEI Number <b>23-7410713</b>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**TOWN SHORES MANAGEMNT  
C/O EZELL, IDA  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUIR, BILL	1.2 NAME	
STREET ADDRESS	3018 59TH ST. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LIBBY	2.2 NAME	
STREET ADDRESS	3018 - 59TH ST., S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	2.4 CITY-ST-ZIP	
TITLE	VPPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, BEULA	3.2 NAME	
STREET ADDRESS	3018 59TH ST. S 402	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBLER, NORMA	4.2 NAME	
STREET ADDRESS	3018 59TH ST. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, FL 33707	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANLANDINGHAM, AL	5.2 NAME	
STREET ADDRESS	3018 59TH ST. S #108	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHAIR, ELIZABETH	6.2 NAME	
STREET ADDRESS	3018 59TH ST. S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	6.4 CITY-ST-ZIP	

**FRONTZAKAS, JONCE**  
**3018 59th St. S**  
**Gulfport, FL 33707**

**WHITEHAIR, ELIZABETH**  
**3018 59th St S**  
**GULFPORT FL 33707**

14. I 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: \_\_\_\_\_ DATE: **1/28/98**

CR2E037 (10/97)