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Apr 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721184

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/17/1971 4. FEI Number 23-7410713 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWN SHORES MANAGEMNT
C/O EVELYN ABA
3210 59TH ST S
GULFPORT, FL 33707

81 Name **GREGG FATA**
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONTCAKAS, JOYCE	2.2 NAME	PROSSER, LAURA
STREET ADDRESS	3018 59TH ST SOUTH	2.3 STREET ADDRESS	3018 59 ST. S.
CITY-ST-ZIP	GULFPORT FL 33707	2.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	VPPD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	T <input type="checkbox"/> DELETE	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 33707	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0052862