NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720072

1. Corporation Name

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

Principal Place of Business

Mailing Address

3210 59TH ST S **GULFPORT FL 33707** 3210 59TH ST S **GULFPORT FL 33707**

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90024 048 ****61.25



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Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed	
21		26					01/15/1971	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number Applied For	
22	,	27					59-1991150 Not Applicable	
City & St	ate	+	City & State			_	\$8.75 Additional	
_ ~ :		28					-5. Certificate of Status Desired Fee Required	
Zip	Country	-	Zip	Cou	intry	_	6. Election Campaign Financing S5.00 May Be	
— ·	25	29	· ·	30	•		Trust Fund Contribution Added to Fees	
24	9. Name and Address of Current	لنها		-	· ·		10. Name and Address of New Registered Agent	
81 Named CI - Ad - A - MC								
					81 Name TOWN SHORES MASTER MGMT.			
TOLON SHORES MASTER MGMT					82 Street Address (P.O. Box Number is Not Acceptable)			
EZELL, IDA					83	67 FSC	GG FAIN	
3210 59TH ST. S] [320	0 5912 55.20	
GULFPORT FL 33707 😓 😓					84	City	85 Zip Code	
GOLFON TE 33707 FL 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.								
SIGNATUR	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registered	i Agen	t signature requir	dred when reinstating) DATE	
12.	OFFICERS AND	DIRE	ECTORS /	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TI	ΠLE	7	Change Addition	
NAME	MILLARD, ROSS			1.2 N	AME	T/	FAMES A. FEEDRAN ROLD STATES. GULFFORT 74, 33107	
STREET ADDRES	AAAA			1.3 S	TREET	ADDRESS 3	1010 59/3 H SU,	
CITY-ST-ZIP	GULF PORT, FL 33707			1.4 C	ITY-S1	r-ziP	CONLEPORT 74, 33707	
TITLE	TD		☐ DELETE	2.1 T			☐ Change ☐ Addition	
NAME	ZIERES, AUDRE			2.2 N	AME		, and the second	
STREET ADDRE				238	TREET	ADDRESS		
			•		CITY-S			
CITY-ST-ZIP	GULF PORT, FL 00000		DELETE	3.1 T		7	☐ Change ☐ Addition	
TITLE	D CLOCKINA IDNAA		-	32 N	AME	منا	IR TIGANEY	
NAME ,	SLOCUM, IRMA			220	TOUCH TOUCH	ADDRESS 3	TAKET S	
STREET ADDRE				3.3 8	INCE!	70071200	010 59/551 So .30/07	
CITY-ST-ZIP	GULF PORT, FL 33707		☐ DELETE	3.4, C		1-21P	Change Addition	
ΠΠLE	VP		□ pere ie					
NAME	MATARAZZO, RUTH				VAME			
STREET ADDRE						ADDRESS		
CITY-ST-ZIP	GULF PORT, FL 00000			_	TY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	D		☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME	SCULLION, JOHN			5.2 N				
STREET ADDRE	ss 3010 59TH ST. S., #109			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP_	GULF PORT, FL 00000			_	ΠY-S	T-ZIP		
TITLE	DS		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition	
NAME	BARBERIO, TINA			6.2 N	IAME	1		
STREET ADDRE	The state of the s			6.3 S	TREET	ADDRESS		
CITY ST. 7IP				6.4 C	ITY-S	T-ZiP		

14. 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR