

FILE NOW: FILING FEE IS \$61.25

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90020 042 ****61.25

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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 # 724563

1. Corporation Name
TOWN SHORES OF GULFPORT, NO. 209, INC.

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| Principal Place of Business 3210 59TH STREET SOUTH GULFPORT FL 33707 | Mailing Address 3210 59TH STREET SOUTH GULFPORT FL 33707 |
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| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 10/16/1972 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1533030 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 TOWN SHORES MANAGEMENT C/O GLORIA NICHOLS <i>Gregg FATA</i> 3210 59TH ST S GULFPORT FL 33707 | 10. Name and Address of New Registered Agent 81 Name <i>Gregg FATA</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>3210 59th St S</i> 83 84 City <i>GULFPORT, FL</i> 85 Zip Code <i>33707</i> |
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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 *Gregg Fata* DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRABER, RALPH | 1.2 NAME | |
| STREET ADDRESS | 5900 SHORE BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFPORT, FL 33707 | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESLEY, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 5900 SHORE BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFPORT, FL 33707 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERWIN, ROSE | 3.2 NAME | |
| STREET ADDRESS | 5900 SHORE BLVD SOUTH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFPORT, FL 33707 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANK, WARREN | 4.2 NAME | |
| STREET ADDRESS | 5900 SHORE BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFPORT FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WICKMAN, LARRY | 5.2 NAME | |
| STREET ADDRESS | 5900 SHORE BLVD. S. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFPORT, FL 33707 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAFTERY, RAY | 6.2 NAME | |
| STREET ADDRESS | 5900 SHORE BLVD | 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: *Gregg Fata* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

0052867

CR2E037 (1-1/98)