

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

DOCUMENT # 724563

1. Corporation Name

TOWN SHORES OF GULFPORT, NO. 209, INC.

Principal Place of Business

3210 59TH STREET SOUTH  
GULFPORT FL 33707

Mailing Address

3210 59TH STREET SOUTH  
GULFPORT FL 33707



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/16/1972

4. FEI Number

59-1533030

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

9. Name and Address of Current Registered Agent

TOWN SHORES MANAGEMENT

C/O GLORIA NICHOLS Gregg FATA

3210 59TH ST S

GULFPORT FL 33707

10. Name and Address of New Registered Agent

81 Name

Gregg FATA

82 Street Address (P.O. Box Number is Not Acceptable)

3210 59TH ST S

83

84 City

GULFPORT, FL

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

Gregg Fata

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 VP ☐ DELETE

NAME TRABER, RALPH  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE P ☐ DELETE

NAME LESLEY, ROBERT  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE S ☐ DELETE

NAME KERWIN, ROSE  
STREET ADDRESS 5900 SHORE BLVD SOUTH  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE D ☐ DELETE

NAME FRANK, WARREN  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT FL

TITLE T ☐ DELETE

NAME WICKMAN, LARRY  
STREET ADDRESS 5900 SHORE BLVD. S.  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE D ☐ DELETE

NAME RAFTERY, RAY  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 #

CR2E037 (1-1/98)