

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732873

1. Entity Name

TOWN SHORES OF GULFPORT, NO. 217, INC., A CONDOM

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1685498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

FATA, GREGG  
3210 59TH STREET SOUTH  
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME JANE, GRAF  
STREET ADDRESS 6020 SHORE BLVD S. 901  
CITY-ST-ZIP GULFPORT FL

TITLE D ☒ Delete  
NAME FELLMAN, PEARL  
STREET ADDRESS 6020 SHORE BLVD. #812  
CITY-ST-ZIP GULFPORT FL

TITLE T ☒ Delete  
NAME MUNDIE, JUNE  
STREET ADDRESS 6020 SHORE BLVD 201  
CITY-ST-ZIP GULFPORT FL

TITLE SD ☐ Delete  
NAME GIANNONE, LAURA  
STREET ADDRESS 6020 SHORE BLVD. SOUTH #204  
CITY-ST-ZIP GULFPORT FL

TITLE PD ☒ Delete  
NAME PARKS, HOWARD  
STREET ADDRESS 6020 SHORE BLVD. SOUTH #1009  
CITY-ST-ZIP GULFPORT FL

TITLE D ☒ Delete  
NAME PRUNEAU, DON  
STREET ADDRESS 6020 SHORE BLVD S-1005  
CITY-ST-ZIP GULFPORT FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T D ☒ Change ☐ Addition  
NAME ARTHUR W FOLEY  
STREET ADDRESS 6020 SHORE BLVD S-1011  
CITY-ST-ZIP GULFPORT FL

TITLE D ☒ Change ☐ Addition  
NAME DARLENE PRUNEAU  
STREET ADDRESS 6020 SHORE BLVD S-1005  
CITY-ST-ZIP GULFPORT FL

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*PEARL FELLMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2-5-2001- 727-343-5645  
Daytime Phone #

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90003 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

UBR15/4

CR2E037 (10/00)