


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90238 022 ****61.25

DOCUMENT # 724563

1. Entity 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

54030106



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-1533030

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FATA, GREGG
 3210 59TH ST. S.
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mugg Lato*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANES, ROBERT	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULF PORT, FL 33707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LESLEY, ROBERT	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT, FL 33707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	UNTERKOEFLER, FRANCES	
STREET ADDRESS	5900 SHORE BLVD SOUTH - 809	
CITY-ST-ZIP	GULF PORT, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REIGEL, FRED	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT, FL 33707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WICKMAN, LARRY	
STREET ADDRESS	5900 SHORE BLVD S - 401	
CITY-ST-ZIP	GULF PORT, FL 33707	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PERLRETH, GIL	
STREET ADDRESS	5900 SHORE BLVD S - 605	
CITY-ST-ZIP	GULF PORT, FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Callahan	
STREET ADDRESS	5900 Shore Blvds.	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Fawcett	
STREET ADDRESS	5900 Shore Blvds.	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Perloth	
STREET ADDRESS	5900 Shore Blvds.	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cynthia P. Perloth*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04 727-328-2062
 Date Daytime Phone #