2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

## Address Sule Applied For Address Sule Applied For Address Sule Applied For Address Sule Applied For Applied For Address Sule Applied For Address Sule Applied For Applied F	DOCUMENT # 724563 1. Entity Name TOWN SHORES OF GULFPORT, NO. 209, INC.)4-12-200 ⁴	4 90238		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S	3210 59TH S	STREET SOUTH	3210 59TH STREET SOU	3210 59TH STREET SOUTH					54	030101
City & State Country S. Confidence of Status Desired City Registered Agent Fee Required Fee Required Fee Required To Name Annual and Address of Current Registered Agent Name FATA, CREGG 3210 S9TH ST. S. GULFPORT, FL 33707 City FL Zip Code Street Address (?O. Box Number is Not Acceptable) City FL Zip Code The above named early submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and	2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Secretarial	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02112004 Ch	ıg-NP	CR2E0	37 (10/03)	
Expression of registered agent. Signature Status Desired Se. 75 Additional FeR Required Secret Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Se. The above statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILING For it is a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. FILING For it is a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. FILING For it is a statement for the purpose of changing its registered agent. FILING Fo	City & State		City & State	City & State		4. FEI Number 59-153303	0		<u> </u>	
FATA, GREGG 3210 S9TH ST. S. GULFPORT, FL 33707 Cry 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 ugent. SIGNATURE SIGNATURE 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 ugent. SIGNATURE SIGNATURE 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 ugent. SIGNATURE SIGNATURE SUBMITS	Zip	Country Zip Co		Country		5. Certificate of Sta	atus Desired		\$8.75 Add	itional
Stroot Address (P.O. Box Number is Not Acceptable) Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named ontify 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. Filling Fee is \$61.25 Due by May 1, 2004 Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTORS TILE JANES, ROBERT SIRELA MORESS OFFICERS AND DIRECTORS IN 10 INC. JANES, ROBERT SIRELA MORESS OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECT		6. Name and Address of Current R	egistered Agent							
SIGNATURE City					Name .					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or prince frame of registered agent and lite if applicable. (NOTE Registered Agent signature required when restricting) DATE Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DATE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SOO SHORE BLVD SOUTH GULF PORT, FL 33707 TITLE PD UNITER/CORP. Delete TITLE DATE OFFICERS AND DIRECTORS IN 10 Change Addition NAME SIREST ADDRESS CITY-ST-2P GULF PORT, FL 33707 TITLE DELETED OR DELETED SOO SHORE BLVD SOUTH - 809 GULF PORT, FL 33707 TITLE D Delete TITLE MAKE SIREST ADDRESS CITY-ST-2P GULF PORT, FL 33707 TITLE D Delete TITLE MAKE SIREST ADDRESS CITY-ST-2P GULF PORT, FL 33707 Delete TITLE MAKE SIREST ADDRESS CITY-ST-2P GULF PORT, FL 33707 Delete TITLE MAKE SIREST ADDRESS CITY-ST-2P TITLE TYPE TO ADDRESS TO ADDRE	3210 59TH ST. S.				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named ontity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Comparison				City				FI	Zip Code)
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Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE D	. (Hugg Tota	nd title if applicable. (NOTE: f	Registered Agent sig	gnature required	when reinstating)		, DATE		
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NAME LESLEY, ROBERT STREET ADDRESS SPON SHORE BLVD GULF PORT, FL 33707 ITILE PD Delete UNTERKOEFLER, FRANCES STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 ITILE D STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 ITILE D STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 ITILE D STREET ADDRESS STREET ADDRES	NAME STREET ADDRESS	JANES, ROBERT 5900 SHORE BLVD SOUTH	Deliste	NAME Street addres	SS			-	☐ Change	Addition
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REIGEL, FRED STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME WICKMAN, LARRY STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TRE	NAME Street adoress	UNTERKOEFLER, FRANCES · 5900 SHORE BLVD SOUTH - 809		NAME STREET ADDRES	Vice	e President Faucett o-shore Bli	ud.s		d ⊆ Change	β Addition
TITLE VPD Change Addition NAME PERLRETH, GIL STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 12. hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	name Street address	REIGEL, FRED 5900 SHORE BLVD	Ø □Delete .	NAME STREET ADDRES			. ,		. 🗌 Change	☐ Addition
TITLE VPD Change Addition NAME PERLRETH, GIL STREET ADDRESS CITY-ST-ZIP GULF PORT, FL 33707 12. hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information	name Street address	WICKMAN, LARRY 5900 SHORE BLVD S - 401	∑ Delete	NAME Street addres	590 SS 590	reasurer office Perlooshore F	(oth 31vd s.	707	Change	Addition
	NAME STREET ADDRESS	PERLRETH, GIL	(X) Delete	NAME STREET ADDRES				. 	☐ Change	☐ Addition

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR