

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90228 002 ****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

40064099



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

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

01042005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-1533030

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	S CALLAHAN, TOM 5900 SHORE BLVD S GULF PORT, FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNTERKOEFLER, FRANCES 5900 SHORE BLVD SOUTH - 809 GULF PORT, FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAWRETT, JOE 5900 SHORE BLVD S GULF PORT, FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERLROTH, CYNTHIA 5900 SHORE BLVD S GULF PORT, FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Yvonne Williams 5900 Shore Blvds. #712 Gulfport, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lee Davis 5900 Shore Blvds. 802 Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frances Unterkoefer 5900 Shore Blvds. 809 Gulfport, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frances Unterkoefer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05
 Date Daytime Phone #