

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90257 038 ****61.25

DOCUMENT # 720072

1. Entity Name
TOWN SHORES OF GULFPORT, NO. 201, INC., A
CONDOMINIUM



Principal Place of Business
3210 59TH ST S
GULFPORT, FL 33707

Mailing Address
3210 59TH ST S
GULFPORT, FL 33707

20044966



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1991150

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FATA, GREGG
GREGG FATA
3210 59TH ST. S.
GULFPORT, FL 33707

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FREEMAN, JAMES
STREET ADDRESS 3010 59TH ST. S.
CITY-ST-ZIP GULFPORT, FL 33707 ☐ Delete

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

TITLE TD
NAME ZIERES, AUDRE
STREET ADDRESS 3010 59TH ST. S.
CITY-ST-ZIP GULFPORT, FL ☐ Delete

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

TITLE VP
NAME ALABISO, MARY
STREET ADDRESS 3010 SATH ST., S.
CITY-ST-ZIP GULFPORT, FL ☐ Delete

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

TITLE S
NAME BARBERIO, TINA
STREET ADDRESS 3010 59TH ST. S.
CITY-ST-ZIP GULFPORT, FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME CATHY CULLER
STREET ADDRESS 3010 59TH STS #203
CITY-ST-ZIP GULFPORT FL 33707 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #