


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90081 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**


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

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

City & State

Zip Country

40056000



02242006 Chg-NP CR2E037 (11/05)

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		7. Name and Address of New Registered Agent	
<b>FATA, GREGG                      3210 59TH ST. S.                      GULFPORT, FL 33707</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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 <b>S</b>	WILLIAMS, YVONNE 5900 SHORE BLVD #712 GULF PORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE <b>Secretary</b>	Tom Marciniowski 5900 Shore Blvd S# 210 Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>P</b>	DAVIS, LEE 5900 SHORE BLVD S 802 GULF PORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	Tom Callahan 5900 Shore Blvd S# 505 Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b>	FAWRETT, JOE 5900 SHORE BLVD S GULF PORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	Larry Wickman 5900 Shore Blvd S# 401 Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>T</b>	UNTERKOEFLER, FRANCES 5900 SHORE BLVD S 809 GULF PORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE <b>T</b>	Delia Larsen 5900 Shore Blvd S. # 709 Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Delia Larsen **4/11/06** **727-384-0536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #