2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # 721184						, Se	ti eta.	ry oi	Sta	ιe
2. Principal Pace of Business 3210 591H ST S GULFPORT, FL 33707 3210 591H ST REET S OUTH gulfport Gulffer S Gu	DOCUMENT # 721184 1. Entity Name TOWN SHORES OF GULFPORT, NO. 202, INC.					Secretary of State 04-24-2006 90435 014 ****61.25				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Applicable for Status Desired	3210 59TH S	STS	3210 59TH ST S)	ALEGA 1788A ERIKA BIJ	II BEBU BEBU AIDI		
City & State Country Country Country Country Country Country S. Certificate of Status Desired Soft	Principal Place of Business 3.		3. Mailing Address							
Secondary Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02132006 _{CI}	hg-NP	CR2E03	7 (11/05)	
S. Certificate of Status Desired	City & State		City & State			4. FEI Number 59-297076	52		_ 	`
Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of St	tatus Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current R	egistered Agent			7. Name and Add	tress of New F	Registered A	gent	
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 Signature, typed or printed name of registered agent with # reptricable. NOTE Registered Agent Repairer required when resistancy	FATA, GR	EGG								
8. 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, hood or printed name of registered agent and late # reprincible.	3210 59TH STREET SOUTH			Street Ad	ddress (I	P.O. Box Number is I	Not Acceptabl	e) 		<u></u>
8. The above harmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam tamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE				City					Zip Cod	9
SIGNATURE Signature Spead or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reintrating) DATE			registered office or	register	ed agent, or both, in	the State of FI		amiliar with,	and accept	
Filling Pee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME DURAND, KATHY SIREET ADDRESS GTIV-ST-2P ANAME LEACH, JOE SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE NAME DOURNANDES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME LEACH, JOE SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE NAME DURANDESS GTIV-ST-2P GULFPORT, FL 33707 TITLE SD EMMANUEL, JANELL SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE SD EMMANUEL, JANELL SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE SD EMMANUEL, JANELL SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE SD EMMANUEL, JANELL SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE SD EMMANUEL, JANELL SIREET ADDRESS GTIV-ST-2P GULFPORT, FL 33707 TITLE SD GULFPORT, FL 33707 TITLE STREET ADDRESS STR	the obligat	ions of registered agent.								
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DURAND, KATHY DURAND, KATHY STREET ADDRESS STREET ADDRESS 3018 59TH STREET SOUTH # 104 CITY-ST-ZIP GULFPORT, FL 33707 GULFP	SIGNATURE.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signatu	ure required	when reinstating)		DATE		
TITLE		-					E			
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12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/66

Daytime Phone #