


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90435 014 ****61.25

DOCUMENT # 721184 1. Entity Name TOWN SHORES OF GULFPORT, NO. 202, INC.					
Principal Place of Business 3210 59TH ST S GULFPORT, FL 33707			Mailing Address 3210 59TH ST S GULFPORT, FL 33707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2970762	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FATA, GREGG 3210 59TH STREET SOUTH 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 _____ (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. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P DURAND, KATHY 3018 59TH STREET SOUTH # 104 GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMANUEL, JANELLE 3018 59TH ST S # 406 GULFPORT FL 33707
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEACH, JOE 3018 59TH ST S #208 GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, GEORGE 3018 59TH STS # 109 GULFPORT FL 33707
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTRELLI, ANTHONY 3018 59TH ST S #111 GULFPORT, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EMMANUEL, JANELL 3018 59TH STREET SOUTH # 406 GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWNSEND, VAL 3018 59TH STS # 304 GULFPORT FL 33707
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADORNATO, HELEN 3018 59TH ST S #311 GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, CLAUDIA 3018 59TH STREET SOUTH, # 107 GULFPORT, FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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: _____ 4/13/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					