

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724563

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: TOWN SHORES OF GULFPORT, NO. 209, INC.

**Current Principal Place of Business:**

3210 59TH STREET SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

C/O CONDO MGT PLUS, INC.  
P.O. BOX 86507  
MADEIRA, FL 33738

**Current Mailing Address:**

3210 59TH STREET SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 59-1533030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CALLAHAN, THOMAS  
5900 SHORE BLVD. S.  
110  
GULFPORT, FL 33707 US

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.

SIGNATURE: THOMAS CALLAHAN

03/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MARCINOWSKI, TOM  
Address: 5900 SHORE BLVD S., #210  
City-St-Zip: GULF PORT, FL 33707

Title: P ( ) Delete  
Name: CALLAHAN, TOM  
Address: 5900 SHORE BLVD S., #505  
City-St-Zip: GULF PORT, FL 33707

Title: VP ( ) Delete  
Name: WICKMAN, LARRY  
Address: 5900 SHORE BLVD S., #401  
City-St-Zip: GULF PORT, FL 33707

Title: T ( ) Delete  
Name: LARSEN, DELIA  
Address: 5900 SHORE BLVD S., #709  
City-St-Zip: GULF PORT, FL 33707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CALLAHAN, THOMAS  
Address: 5900 SHORE BLVD S., #110  
City-St-Zip: GULF PORT, FL 33707

Title: V (X) Change ( ) Addition  
Name: WICKMAN, LARRY  
Address: 5900 SHORE BLVD S., #401  
City-St-Zip: GULF PORT, FL 33707

Title: S (X) Change ( ) Addition  
Name: MARCINOWSKI, THOMAS  
Address: 5900 SHORE BLVD S., #210  
City-St-Zip: GULF PORT, FL 33707

Title: T (X) Change ( ) Addition  
Name: LARSEN, DELIA  
Address: 5900 SHORE BLVD S., #709  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Change (X) Addition  
Name: GERMACK, WALTER  
Address: 5900 SHORE BLVD. S. #112  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Change (X) Addition  
Name: ROACHE, MARTIN  
Address: 5900 SHORE BLVD. S. #601  
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MARCINOWSKI

S

03/29/2007

Electronic Signature of Signing Officer or Director

Date