
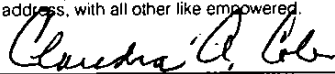


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90022 045 ****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 - No P.O. Box #		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"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FATA, GREGG 3210 59TH STREET SOUTH GULFPORT, FL 33707			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMANUEL, JANELLE		NAME	Henry Ten Brink	
STREET ADDRESS	3018 59TH ST S 406		STREET ADDRESS	3018 59th St. S. #110	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	TX	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, GEORGE		NAME	Claudia Cole	
STREET ADDRESS	3018 59TH ST ST 109		STREET ADDRESS	3018 59th St. S. #109	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKINSON, JACK		NAME	Rose Baker	
STREET ADDRESS	3018 59TH ST S #406		STREET ADDRESS	3018 59th St. S. #204	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWSEND, VAL		NAME	Allen Fairbanks	
STREET ADDRESS	3018 59TH ST S 304		STREET ADDRESS	3018 59th St. S. #414	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMONS, STANLEY		NAME	Deborah Peak	
STREET ADDRESS	3018 59TH ST S #115		STREET ADDRESS	3018 59th St. S. #415	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 4/15/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					