

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724563

FILED
Mar 16, 2011
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:

Current Mailing Address:

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

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:

ADAMS, JOYCE
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILCH, MARY LOU
Address: 19535 GULF BLVD E
City-St-Zip: INDIAN SHORES, FL 33785

Title: VP
Name: NESS, SHARON
Address: 19535 GULF BLVD
City-St-Zip: INDIAN SHORES, FL 33785

Title: D
Name: THOMPSON, WESLEY
Address: 19535 GULF BLVD E
City-St-Zip: INDIAN SHORES, FL 33785

Title: D
Name: GERMACK, WALTER
Address: 19535 GULF BLVD E
City-St-Zip: INDIAN SHORES, FL 33785

Title: S
Name: LARDIERI, SHARON
Address: PO BOX 86507
City-St-Zip: MADEIRA BEACH, FL 33738

Title: T
Name: KNOWLTON, HENRY
Address: 19535 GULF BLVD E
City-St-Zip: INDIAN SHORES, FL 33785

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP DVORAK

LCAM

03/16/2011

Electronic Signature of Signing Officer or Director

Date