

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90194 035 ****61.25

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DOCUMENT # 724563

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



Principal Place of Business Mailing Address
3210 59TH STREET SOUTH 3210 59TH STREET SOUTH
GULFPORT FL 33707 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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1533030** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~NICHOLS, GLORIA~~
3210 59TH ST. S.
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name **Gregg Fata**

Street Address (P.O. Box Number is Not Acceptable)
3210 59th Street So.

City **Gulfport** FL Zip Code **33707**

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 *Gregg Fata* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANES, ROBERT	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LESLEY, ROBERT	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	UNTERKOEFLER, FRANCES	
STREET ADDRESS	5900 SHORE BLVD SOUTH - 809	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIGEL, FRED	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WICKMAN, LARRY	
STREET ADDRESS	5900 SHORE BLVD S - 401	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PERLRETH, GIL	
STREET ADDRESS	5900 SHORE BLVD S - 605	
CITY-ST-ZIP	GULF PORT FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Cynnie Perlroth	
CITY-ST-ZIP	5900 Shore Blvd S.	
	Gulfport, FL 33707	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE: **4/20/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)