

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-05-2003 90361 022 ****61.25

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

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DOCUMENT # 721184			
1. Entity Name TOWN SHORES OF GULFPORT, NO. 202, INC., A CONDOMINIUM			
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		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLORIA NICHOLS 3210 59TH STREET SOUTH 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 <i>Gregg Fata</i> DATE 4/30/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DURAND, KATHLEEN 3018 59TH ST. S. GULFPORT FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP D VP President - Vice John Anderson 3018 - 59th Street S. # 109 Gulfport, FL 33707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADORNATO, HELEN 3018 59 STREET SOUTH GULFPORT FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Treasurer John Leach 3018 - 59th Street S. # 208 Gulfport, FL 33707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADORNATO, DOMENICK 3018 59TH ST. S 402 GULFPORT FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Secretary Jeannette Powers 3018 - 59th Street S. # 105 Gulfport, FL 33707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, ROBERT 3018 59TH ST. S. GULFPORT FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director Bob Powers 3018 - 59th Street S. # 105 Gulfport, FL 33707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMORE, FRANK 3018 59TH ST. S #108 GULFPORT FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHAIR, ELIZABETH 3018 59TH ST. S. GULFPORT FL 33707 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 REQUIRED <i>John Anderson 5-27-03</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	