

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718946

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC9710476480**

**Entity Name:** TOWN SHORES OF GULFPORT NO. 200, INC., A  
CONDOMINIUM

**Current Principal Place of Business:**

3210 59TH ST S  
GULFPORT, FL 33707

**Current Mailing Address:**

3210 59TH ST S  
GULFPORT, FL 33707

**FEI Number: 59-1367035**

**Certificate of Status Desired: No**

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

FATA, GREGG  
3210 59TH STREET SOUTH  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MALMSTEDT, DOROTHY  
Address 5840 30TH AVE. S. #310  
City-State-Zip: GULFPORT FL 33707

Title VPD  
Name WOLCHESKY, HELEN  
Address 5840 30TH AVE. S. #203  
City-State-Zip: GULFPORT FL 33707

Title TD  
Name STOVER, MARY  
Address 5840 30TH AVE S. #308  
City-State-Zip: GULFPORT FL 33707

Title SD  
Name BOUCHER, BARBARA  
Address 5840 30TH AVE. S. #108  
City-State-Zip: GULFPORT FL 33707

Title D  
Name FANNING, ROBERT  
Address 5840 30TH AVE. ST #315  
City-State-Zip: GULFPORT FL 33707

Title D  
Name MARE, WESLEY  
Address 5840 30TH AVE. S. # 303  
City-State-Zip: GULFPORT FL 33707

*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: MARY STOVER**

**TREASURER**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date