

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720072

Entity Name: TOWN SHORES OF GULFPORT, NO. 201, 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:** 59-1991150**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FATA, GREGG
GREGG FATA
3210 59TH ST. S.
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	TD
Name	KING, MARY ELLEN
Address	3010 59TH ST. #111
City-State-Zip:	GULFPORT FL 33707

Title	VP
Name	FRASCA, BARBARA
Address	3010 59TH ST S #306
City-State-Zip:	GULFPORT FL 33707

Title	SD
Name	HENKEL , BARBARA
Address	3010 59TH ST S. #304
City-State-Zip:	GULFPORT FL 33707

Title	PD
Name	CULLER, CATHY
Address	3010 59TH ST. S. #203
City-State-Zip:	GULFPORT FL 33707

Title	D
Name	PURTEE, BARBARA
Address	3010 59TH ST S #210
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 ELLEN KING**TREASURER****04/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date