

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721184

Entity Name: TOWN SHORES OF GULFPORT, NO. 202, INC.**Current Principal Place of Business:**

C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716 US

FEI Number: 59-2970762**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

ZACUR, RICHARD
5200 CENTRAL AVE SOUTH
ST PETERSBURG, 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 DIRECTOR
Name FEIL, CHARLES
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name BRILL, BARNEY
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name MISIUNAS, RUTA
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name RODRIGUEZ, MIGUEL A
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name USHER, ROBERT
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title VP
Name SIMMS, GARY
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name GLEGG, LISA
Address C/O CONDOMINIUM ASSOCIATES
570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

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: ROBERT USHER**PRESIDENT****03/05/2025**

Electronic Signature of Signing Officer/Director Detail

Date