

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721184

**Entity Name:** TOWN SHORES OF GULFPORT, NO. 202, INC.**Current Principal Place of Business:**3210 59TH ST S  
GULFPORT, FL 33707**Current Mailing Address:**3210 59TH ST S  
GULFPORT, FL 33707**FEI Number:** 59-2970762**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	WHITE, GEORGE
Address	3018 59TH ST. S. #109
City-State-Zip:	GULFPORT FL 33707

Title	VPD
Name	BRANCH, KENNETH
Address	3018 59TH ST. S. #412
City-State-Zip:	GULFPORT FL 33707

Title	D
Name	DODGE, NANCY
Address	3018 59TH ST. S. #202
City-State-Zip:	GULFPORT FL 33707

Title	TD
Name	ROLAND, JOHN
Address	3018 59TH ST S. #411
City-State-Zip:	GULFPORT FL 33707

Title	SD
Name	DURAND, KATHY
Address	3018 59TH ST S. #104
City-State-Zip:	GULFPORT FL 33707

Title	D
Name	LEACH, JOSEPH
Address	3018 59TH ST S, # 208
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: JOHN ROLAND****TREASURER****04/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date