2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 721184

Entity Name: TOWN SHORES OF GULFPORT, NO. 202, INC.

FILED
Mar 12, 2024
Secretary of State
2604154595CC

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE., SUITE 260 CLEARWATER, FL 33762

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE., SUITE 260 CLEARWATER, FL 33762 US

FEI Number: 59-2970762 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Officer/Director Detail:

Title VP Title PRESIDENT, TREASURER

Name SWERDLOOFF, UTE Name BRILL, FERROL

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DRIVE., SUITE 260 3001 EXECUTIVE DRIVE., SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title SECRETARY Title DIRECTOR

Name MISIUNAS, RUTA Name GIRARD, ROBERT

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DRIVE., SUITE 260 3001 EXECUTIVE DRIVE., SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title VP Title DIRECTOR

Name MONEYPENNY, TOM Name SIMMS, GARY

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE., SUITE 260 3001 EXECUTIVE DRIVE., SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name GLEGG, LISA

Address C/O CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DRIVE., SUITE 260

City-State-Zip: CLEARWATER FL 33762

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: BRILL, FERROL PRESIDENT 03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Date