

2021 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:**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	PD
Name	SIMS, GARY
Address	3018 59TH ST. S. #307
City-State-Zip:	GULFPORT FL 33707

Title	TD
Name	WILSON, PATRICIA
Address	3018 59TH ST S. #308
City-State-Zip:	GULFPORT FL 33707

Title	VPD
Name	HINDMAN, JERRYANNE
Address	3018 59TH ST. S. #106
City-State-Zip:	GULFPORT FL 33707

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

Title	DIRECTOR
Name	WANSOR, JOY
Address	3018 59TH ST. S. UNIT #111
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: GARY SIMS**PRESIDENT****03/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date