

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724675

Entity Name: TOWN SHORES OF GULFPORT NO. 210, INC.**Current Principal Place of Business:**3210 59TH STREET SOUTH
GULFPORT, FL 33707**Current Mailing Address:**3210 59TH STREET SOUTH
GULFPORT, FL 33707**FEI Number:** 59-1646167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZACUR, RICHARD
5200 CENTRAL AVE
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 | VPD |
| Name | OTTOMANELLI, FRANK |
| Address | 5925 SHORE BLVD #108 |
| City-State-Zip: | GULFPORT FL 33707 |

| | |
|-----------------|--------------------------|
| Title | SD |
| Name | LEONARD, SHARON |
| Address | 5925 SHORE BLVD. S. #214 |
| City-State-Zip: | GULFPORT FL 33707 |

| | |
|-----------------|----------------------------|
| Title | PD |
| Name | BOOK, SUSAN |
| Address | 5925 SHORE BLVD S. #304 |
| City-State-Zip: | GULF PORT FL 33707 |

| | |
|-----------------|---------------------------|
| Title | TREASURER |
| Name | PASHOLK, ANDREW |
| Address | 5925 SHORE BLVD S #608 |
| 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: SUSAN BOOK**PRESIDENT****03/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date