2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90435 012 ****61.25

DOCUMENT # 720072

1. Entity Name
TOWN SHORES OF GULFPORT, NO. 201, INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
3210 59TH ST S GULFPORT, FL 33707	3210 59TH ST S GULFPORT, FL 33707

02132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1991150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FATA, GREGG GREGG FATA 3210 59TH ST. S. GULFPORT, FL 33707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, JAMES 3010 59TH ST. S. GULFPORT, FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOLINO, ROSEMARY 3010 59TH ST S #102 GULFPORT FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZIERES, AUDRE 3010 59TH ST, S GULFPORT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZIERES, AUDRE 3010 59TH ST S #215 GULFPORT FL 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALABISO, MARY 3010 SATH ST., S. GULFPORT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARBERIO, TINA 3010 59TH ST. S GULFPORT, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARBERIO, TINA 3010 59TH ST S #104 GULFPORT FL 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CULLER, CATHY 3010 59TH ST. S GULFPORT, FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CULLER, CATHY 3010 59TH ST S # 203 GULFPORT FL 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURTEE, BARBARA 3010 59TH ST S #210 GULFPORT FL 33707	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Audre Zieres, Treasurer 4/12/06 727-347-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #