

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90079 044 ****61.25

DOCUMENT # 720072

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



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

Mailing Address
**3210 59TH ST S
GULFPORT, FL 33707**

40046301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1991150

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**FATA, GREGG
GREGG FATA
3210 59TH ST. S.
GULFPORT, FL 33707**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **D** ☒ Delete
NAME **VOLINO, ROSEMARY**
STREET ADDRESS **3010 59TH ST S #102**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **T** ☐ Delete
NAME **ZIERES, AUDRE**
STREET ADDRESS **3010 59TH ST S #215**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **VP** ☒ Delete
NAME **ALABISO, MARY**
STREET ADDRESS **3010 SATH ST., S.**
CITY-ST-ZIP **GULFPORT, FL**

TITLE **S** ☐ Delete
NAME **BARBERIO, TINA**
STREET ADDRESS **3010 59TH ST S #104**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **P** ☐ Delete
NAME **CULLER, CATHY**
STREET ADDRESS **3010 59TH ST S #203**
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D** ☒ Delete
NAME **PURTEE, BARBARA**
STREET ADDRESS **3010 59TH ST S #210**
CITY-ST-ZIP **GULFPORT, FL 33707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Tony Nasta**
STREET ADDRESS **3010 59TH ST S**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **JAMES FEEMAN**
STREET ADDRESS **3010 59TH ST S #315**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/07

Treas.