2006 NOT-FOR-PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #721954** 04-24-2006 90435 011 ****61.25 1. Entity Name TOWN SHORES OF GULFPORT, NO. 207, INC. Principal Place of Business Mailing Address 40060816 3210 59TH ST S 3210 59TH ST S GULFPORT, FL 33707 GULFPORT, FL 33707 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-1658849 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FATA, GREGG Street Address (P.O. Box Number is Not Acceptable) 3210 59TH ST. S. GULFPORT, FL 33707 Zip Code City FI 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) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 1 Change PD ☐ Addition ☐ Delete TITLE TITLE JACOBS, CAROLYN NAME NAME 3128 59TH ST S#201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP Addition VP Delete ☐ Change TITLE TITLE MALIZIA FRANK 31285941 STS # 411 PROACH, JEAN NAME NAME STREET ADDRESS 3128 59TH ST. S. #414 STREET ADDRESS GULFPORT FL GULFPORT, FL 33707 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE SERRIAN, MARY NAME NAME STREET ADDRESS ETON 201-3128 59TH ST. S STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP CITY-ST-ZIP hange -☐ Addition ☐ Delete TITI F TITLE TD HOOK, RICHARD NAME NAME 3128 59TH ST S #402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE BLUCKHORN FRED 3128 594 St 5 # 404 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of an attractment with another production. changed, or on an attachment with all other like empowered SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG