

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721954

FILED
Apr 03, 2009
Secretary of State

Entity Name: TOWN SHORES OF GULFPORT, NO. 207, INC.

Current Principal Place of Business:

3210 59TH ST S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

3210 59TH ST S
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-1658849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBS, CAROLYN
Address: 3128 59TH ST S #201
City-St-Zip: GULFPORT, FL 33707

Title: VP () Delete
Name: MALIZIA, FRANK
Address: 3128 59TH ST S #411
City-St-Zip: GULFPORT, FL 33707

Title: S () Delete
Name: SERRIAN, MARY
Address: ETON 201-3128 59TH ST. S
City-St-Zip: GULFPORT, FL 33707

Title: T () Delete
Name: PROACH, JEAN
Address: 3128 59TH ST S #206
City-St-Zip: GULFPORT, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROACH, JEAN
Address: 3128 59TH ST S #206
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SERRIAN, MARY
Address: ETON 201-3128 59TH ST. S
City-St-Zip: GULFPORT, FL 33707

Title: T (X) Change () Addition
Name: EBERHARDT, LEE
Address: 3128 59TH ST S #108
City-St-Zip: GULFPORT, FL 33707

Title: D () Change (X) Addition
Name: CHILLOG, TOM
Address: 3128 59TH STREET S. #408
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEAN PROACH

PD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date