

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724563

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** TOWN SHORES OF GULFPORT, NO. 209, INC.

**Current Principal Place of Business:**

3210 59TH STREET SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CONDO MGT PLUS, INC.  
P.O. BOX 86507  
MADEIRA, FL 33738

**New Mailing Address:**

FEI Number: 59-1533030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, JOYCE  
19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785 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: P  
Name: MILCH, MARY LOU  
Address: 19535 GULF BLVD E  
City-St-Zip: INDIAN SHORES, FL 33785

Title: VP  
Name: NESS, SHARON  
Address: 19535 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D  
Name: THOMPSON, WESLEY  
Address: 19535 GULF BLVD E  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D  
Name: GERMACK, WALTER  
Address: 19535 GULF BLVD E  
City-St-Zip: INDIAN SHORES, FL 33785

Title: S  
Name: LARDIERI, SHARON  
Address: PO BOX 86507  
City-St-Zip: MADEIRA BEACH, FL 33738

Title: T  
Name: KNOWLTON, HENRY  
Address: 19535 GULF BLVD E  
City-St-Zip: INDIAN SHORES, FL 33785

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: PHILLIP DVORAK

LCAM

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date