2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name



TOWN SHORES OF GULFPORT NO. 210, INC. 40046526 Principal Place of Business Mailing Address 3210 59TH STREET SOUTH 3210 59TH STREET SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 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 Applied For City & State 59-1646167 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FATA, GREGG Street Address (P.O. Box Number is Not Acceptable) 3210 59TH STREET SOUTH GULFPORT, FL 33707 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Marion Bishop 5925 Shore Blad. S. #401 Change TITLE Delete TITEE YVES RIOUX, JEAN NAME NAME STREET ADDRESS 5925 SHORE BLVD. #405 STREET ADDRESS Bultport, Fl. 33707
Rosemane Black Change 5
5925 Shore Block 5- 4106 CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP TITLE Pres ☐ Delete TITLE NAME BLACK, ROSEMARIE NAME Fel- 33707-5904 STREET ADDRESS 5925 SHORE BLVD S # 106 STREET ADDRESS CITY-ST-ZIP GULFPORT, FL. 33707 CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE LYNCH, CAROLE NAME NAME 5925 SHORE BLVD S #606 STREET ADDRESS STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BLACK, ROSEMARIE NAME STREET ADDRESS 5925 SHORE BLVD #106 STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP CITY-ST-ZIP n Delete TITLE Change Addition TITLE DALY, EDITH NAME NAME 5925 SHORE BLVD, #615 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-7IP TITLE Y P Peter Bishop 5905 Shore Blvd. 5. 401 ☐ Addition VP. TITLE Delete LANCASTER, EULIS NAME STREET ADDRESS STREET ADDRESS 5925 SHORE BLVD S #509 Gulfport, Fl. 33707 CITY-ST-ZIP CITY-ST-ZIP GULFPORT, FL 33707

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:

Benane ING OFFICER OR DIRECTOR 03-30-07