

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726339

FILED
Apr 12, 2010
Secretary of State

Entity Name: TOWN SHORES OF GULFPORT, NO. 212, INC.

Current Principal Place of Business:

3210 59TH STREET SOUTH
GULFPORT, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-1636287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 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: D
Name: BOLDIREFF, SERGE
Address: 5980 SHORE BLVD 1001
City-St-Zip: GULFPORT, FL 33707

Title: T
Name: SCIULLO, JUANITA
Address: 5980 SHORE BLVD S. # 302
City-St-Zip: GULFPORT, FL 33707

Title: P
Name: KRAMER, JOAN
Address: 5980 SHORE BLVD S #310
City-St-Zip: GULFPORT, FL 33707

Title: VP
Name: MORGANSTEIN, LINDA
Address: 5980 SHORE BLVD S #610
City-St-Zip: GULFPORT, FL 33707

Title: S
Name: GRUDZINSKI, MARGE
Address: 5980 SHORE BLVD S #512
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: HASH, DORIS
Address: 5980 SHORE BLVD S #202
City-St-Zip: GULFPORT, FL 33707

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: JOAN KRAMER

P

04/12/2010

Electronic Signature of Signing Officer or Director

_____ Date