2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726339

FILED Mar 29, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3210 59TH STREET SOUTH GULFPORT, FL 33707 US

Current Mailing Address: New Mailing Address:

4585 140TH AVE NORTH SUITE 1012 CLEARWATER, FL 33762

FEI Number: 59-1636287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COMMUNITY MANAGEMENT CONCEPTS, INC 4585 140TH AVE NORTH SUITE 1012 CLEARWATER, FL 33762 US

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: HADLEY, TED

Address: 5980 SHORE BLVD #904 City-St-Zip: GULFPORT, FL 33707

Title: T

Name: BARROS, RAY

Address: 5980 SHORE BLVD S. # 805 City-St-Zip: GULFPORT, FL 33707

Title: F

Name: DAVIS, BETTY

Address: 5980 SHORE BLVD S #505 City-St-Zip: GULFPORT, FL 33707

Title: VP

Name: BERESFORD, DORIS
Address: 5980 SHORE BLVD S #304
City-St-Zip: GULFPORT, FL 33707

Title:

 Name:
 SCUILLO, JAUNITA

 Address:
 5980 SHORE BLVD S #302

 City-St-Zip:
 GULFPORT, FL 33707

Title: D

 Name:
 POWLIKOWSKI, PETER

 Address:
 5980 SHORE BLVD S #203

 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: BETTY DAVIS P 03/29/2011