2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729727

FILED Apr 03, 2009 Secretary of State

Entity Name: TOWN SHORES OF GULFPORT, NO. 215, INC., A CNDOMINIUM

Current Principal Place of Business: New Principal Place of Business: 2850 59 STREET SOUTH GULFPORT, FL 33707 **Current Mailing Address: New Mailing Address:** 3210 59TH ST S

GULFPORT, FL 33707 US

FEI Number: 59-1860367 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:

FATA, GREGG 3210 59TH ST S GULFPORT, FL 33701 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BRENNAN, JERRY BRENNAN, PEGGY Name: Name: 2850 59TH ST. S #304 Address: 2850 59TH ST. S #304 Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707 Title: () Delete Title: TD (X) Change () Addition BERGER, MARIE Name: BERGER, MARIE Name: Address: 2850 59TH ST S # 108 Address: 2850 59TH ST S # 108 City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707 Title: () Delete Title: SD (X) Change () Addition GARRON, CHERYL GARRON, CHERYL Name: Name: 2850 59TH ST. S #414 Address: Address: 2850 59TH ST. S #414 City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707 () Delete Title: VΡ Title: VPD (X) Change () Addition LANG, ANN Name: Name: NELSON, GRACE 2850 59TH ST. S #310 Address: Address: 2850 59TH ST. S #102 City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707 Title: () Delete Title: () Change (X) Addition GARRON, ALICE Name: Name: 2850 59TH STREET S. # 414 Address: Address: City-St-Zip: City-St-Zip: GULFPORT, FL 33707 Title: () Delete Title: () Change (X) Addition LUNNEY, RAY Name: Name: Address: Address: 2850 59TH STREET S. # 109 GULFPORT, FL 33707 City-St-Zip: City-St-Zip:

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: PEGGY BRENNAN PD 04/03/2009