

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729739

FILED
Mar 04, 2011
Secretary of State

Entity Name: TOWN SHORES OF GULFPORT, NO. 216, INC. A CONDOMINIUM

Current Principal Place of Business:

3210 59TH ST S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

3210 59TH ST S
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-1796891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATA, GREGG
3210 59TH STREET S
SAINT PETERSBURG, FL 33-708 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: PD
Name: SEAWALL, WILLIAM
Address: 6075 SHORE BLVD. S. #314
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: FINNERTY, JAMES
Address: 6075 SHORE BLVD. #506
City-St-Zip: GULFPORT, FL 33707

Title: TD
Name: KUHN, SHARON
Address: 6075 SHORE BLVD S #501
City-St-Zip: GULFPORT, FL 33707

Title: SD
Name: GUARRIELLO, ELLIE
Address: 6075 SHORE BLVD S. #204
City-St-Zip: GULFPORT, FL 33707

Title: VPD
Name: ABBE, SUSAN
Address: 6075 SHORE BLVD. S. #415
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: HEAL, FREDERICK
Address: 6075 SHORE BLVD. S. #303
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: WILLIAM SEAWALL

PD

03/04/2011

Electronic Signature of Signing Officer or Director

Date