

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90178 007 ****61.25

DOCUMENT # 749563

1. Entity Name
TOWN SHORES OF GULFPORT, NO. 218, INC.



Principal Place of Business
**3210 59TH STREET, SOUTH
GULFPORT, FL 33707**

Mailing Address
**3210 59TH STREET, SOUTH
GULFPORT, FL 33707**

40030020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2277357

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FATA, GREGG
3210 59TH ST. S.
GULFPORT, FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME ISTLER, JIM
STREET ADDRESS 6060 SHORE BLVD., #701
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☒ Change ☐ Addition
NAME **Bill Miller**
STREET ADDRESS **6060 Shore Blvd. S. #906**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE VP ☒ Delete
NAME MILLER, BILL
STREET ADDRESS 6060 SHORE BLVD., #906
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☒ Change ☐ Addition
NAME **Ron Kidder**
STREET ADDRESS **6060 Shore Blvd. S. #212**
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE SD ☐ Delete
NAME KLAUM, JENNIFER
STREET ADDRESS 6060 SHORE BLVD S #911
CITY-ST-ZIP GULFPORT, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME VOGEL, BOB
STREET ADDRESS 6060 SHORE BLVD S.
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHY, RALPH
STREET ADDRESS 6060 SHORE BLVD. S.
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jennifer A. Klauum JENNIFER A. KLAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-07