2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# 749563

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

Current Principal Place of Business:

3210 59TH STREET, SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

3210 59TH STREET, SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-2277357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FATA, GREGG
3210 59TH ST. S.
GULFPORT, FL 33707 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: KIDDER, RON
Address: 6060 SHORE BLVD. S. # 212
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VPD
Name: SHY, RALPH
Address: 6060 SHORE BLVD S #511
City-St-Zip: GULFPORT, FL 33707

Title: TD
Name: VOGEL, BOB
Address: 6060 SHORE BLVD S. #807
City-St-Zip: GULFPORT, FL 33707

Title: SD
Name: MINTON, MARTHA
Address: 6060 SHORE BLVD. S.#804
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: STOLZ, BARBARA
Address: 6060 SHORE BLVD. S. #300
City-St-Zip: GULFPORT, FL 33707

Title: D
Name: D'ANGELO, TOM
Address: 6060 SHORE BLVD S. #1004
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: RON KIDDER PD 03/01/2011

Electronic Signature of Signing Officer or Director Date