

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90079 048 \*\*\*\*61.25

**DOCUMENT # N18722**

1. Entity Name  
**TOWN SHORES MASTER ASSOCIATION, INC.**



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

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

4004000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2825463**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FATA, GREGG  
3210 59TH STREET SOUTH  
GULFPORT, FL 33707**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete  
NAME **BLACK, ROSEMARIE**  
STREET ADDRESS **5925 SHORE BLVD SOUTH #106**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **T** ☐ Delete  
NAME **SHERIDAN, ELLEN**  
STREET ADDRESS **5960 30TH AVENUE S., #108**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **VP** ☒ Delete  
NAME **BLACK, ROSEMARIE**  
STREET ADDRESS **5925 SHORE BLVD, # 106**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **S** ☒ Delete  
NAME **RAE, MARIE**  
STREET ADDRESS **6025 SHORE BLVD SOUTH # 412**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D** ☐ Delete  
NAME **KUHN, SHARON**  
STREET ADDRESS **6075 SHORE BLVD SOUTH #501**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **VP** ☐ Delete  
NAME **HOOK, RICHARD**  
STREET ADDRESS **3128 59TH SOUTH #402**  
CITY-ST-ZIP **GULFPORT, FL 33707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **(S) Loretta VanderWiel**  
STREET ADDRESS **5955 30th Ave. S. #102**  
CITY-ST-ZIP **Gulfport, FL 33707**

TITLE ☐ Change ☐ Addition  
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:**

*Ellen Sheridan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/07**  
Date

Daytime Phone #