
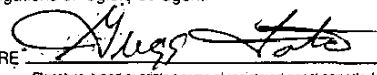
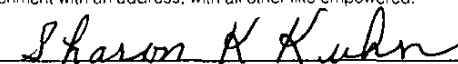


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90082 008 ****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		
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	4. FEI Number 59-2825463	
5. Certificate of Status Desired <input type="checkbox"/>				\$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		
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, ROSEMARIE 5925 SHORE BLVD SOUTH #106 GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERIDAN, ELLEN 5960 30TH AVENUE S., #108 GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sharon Kuhn 6075 Shore Blvd. S. #501 Gulfport, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANDERWIEL, LORETTA 5955 30TH AVE S. #102 GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHN, SHARON 6075 SHORE BLVD SOUTH #501 GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marie Rae 6075 Shore Blvd. S. #412 Gulfport, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOK, RICHARD 3128 59TH SOUTH #402 GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James Feenan 3010 59th St. S. #315 Gulfport, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/24/08 <small>Date</small>		
<small>Daytime Phone #</small>					