

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18722

FILED
Apr 03, 2009
Secretary of State

Entity Name: TOWN SHORES MASTER ASSOCIATION, 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: 59-2825463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATA, GREGG
3210 59TH STREET SOUTH
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: P () Delete
Name: BLACK, ROSEMARIE
Address: 5925 SHORE BLVD SOUTH #106
City-St-Zip: GULFORT, FL 33707

Title: T () Delete
Name: KUHN, SHARON
Address: 6075 SHORE BLVD. S. #501
City-St-Zip: GULFPORT, FL 33707

Title: S () Delete
Name: VANDERWIEL, LORETTA
Address: 5955 30TH AVE S. #102
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: RAE, MARIE
Address: 6025 SHORE BLVD. S. 412
City-St-Zip: GULFPORT, FL 33707

Title: VP () Delete
Name: FEEMAN, JAMES
Address: 3010 59TH ST. S. #315
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACK, ROSEMARIE
Address: 5925 SHORE BLVD SOUTH #106
City-St-Zip: GULFORT, FL 33707

Title: TD (X) Change () Addition
Name: KUHN, SHARON
Address: 6075 SHORE BLVD. S. #501
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Change () Addition
Name: VANDERWIEL, LORETTA
Address: 5955 30TH AVE S. #102
City-St-Zip: GULFPORT, FL 33707

Title: SD (X) Change () Addition
Name: RAE, MARIE
Address: 6025 SHORE BLVD. S. 412
City-St-Zip: GULFPORT, FL 33707

Title: VPD (X) Change () Addition
Name: BOURQUE, LORENE
Address: 6020 SHORE BLVD. S. #709
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSEMARIE BLACK

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date