

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720352** (4)

1. Corporation Name
GARDENS OF BEACON SQUARE CONDOMINIUM NUMBER THREE E, INCORPORATED



Principal Place of Business: 1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619-2129
Mailing Address: 1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619-2129

3. Date Incorporated or Qualified: **02/25/1971**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1634516**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **LEIGHTON, LENNARD 1700 MCMULLEN BOOTH RD., #C-3 CLEARWATER FL 34616**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: RONRSCHIEB, GEORGE STREET ADDRESS: 4264 TAMARGO DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: EICK, ALYCE STREET ADDRESS: 4230 RAX PL CITY-ST-ZIP: NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: SD 2.2 NAME: ANNE BRANCATO 2.3 STREET ADDRESS: 4200 TAMARGO DR. 2.4 CITY-ST-ZIP: NEW PORT RICHEY, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MULLEN, JACK STREET ADDRESS: 4234 TAMARGO DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: KNOWLTON, WALTER STREET ADDRESS: 4227 TAMARGO DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VD 4.2 NAME: THOMAS BOWE 4.3 STREET ADDRESS: 4246 TAMARGO DR. 4.4 CITY-ST-ZIP: NEW PORT RICHEY, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: STAUB, HAROLD STREET ADDRESS: 4236 RICHMERE DR. CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LIGGAN, JOHN STREET ADDRESS: 4205 TAMARGO DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Rohrschreib* (Signature and typed or printed name of signing officer or director)
DATE: **4/3/96**
TELEPHONE: **813-842-6333**

CR2E037 (12/95)