## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

720352

(4)

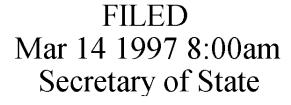
## GARDENS OF BEACON SQUARE CONDOMINIUM NUMBER THRE E, INCORPORATED

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH ROAD SUITE C-9

1700 MCMULLEN BOOTH ROAD SUITE C-3





CLEARWATER FL 34619-2129		CLEARWATER FL 34619-2129			02/25/1971	ote of Last Report 04/15/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1634516	Applied For		
21 Suite Ant # etc		Suite Apt. #, etc.		22 1004010	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coul	ntry	8. This corporation has liability for intangible		
24	25		30		Florida Statutes Yes		
	9. Name and Address of Curren	t Registered Agent		81 Nam	10. Name and Address of New Registered	Agent	
				81 Name			
LEIGHTON, LENNARD 1700 MCMULLEN BOOTH RD., #C-3 CLEARWATER FL 34616			ļ	82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				۲۵			
			. [	84 City	FL	85 Zip Code	
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 Signature, typed or printed name of registered agent and title 4 appricable. (NOTE: Regis				Agent signa	required when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	<b>⋈</b> DELETE	1.1 10		TD	Change 🔀 Addition	
NAME	RONRSCHEIB, GEORGE		1.2 NA		WINTER, LORETTA 4225 RICHMERE DRIVE		
STREET ADDRESS	4264 TAMARGO DRIVE		4	REET ADDRES	NEW PORT RICHEY FL		
CITY-ST-ZIP	NEW PORT RICHEY FL	<b>FL</b> 1.4 □ DELETE 2.1		Y-ST-ZIP	NEW PORT RICHET FE	Change Addition	
TITLE NAME	SD Anne Brancato		22 NA				
STREET ADDRESS	4200 TAMARGO DRIVE			REET ADDRES			
CITY-ST-ZIP	NEW PORT RICHEY FL			TY-ST-ZIP			
TITLE	D	<b>▼</b> DELETE	3.1 TIT		D .	Change Addition	
NAME	MULLEN, JACK	·	3.2 NA	ME	STALLWORTH, CHARLES	• •	
STREET ADDRESS	4234 TAMARGO DRIVE		3.3 ST	REET ADDRES	4248 TAMARGO DRIVE		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. C	1Y-S1-ZIP	NEW PORT RICHEY FL		
TITLE	VD	☐ DELETE	4.1 TIT	LE		Change Addition	
NAME	THOMAS BOWE		4. 2 N	AME.			
STREET ADDRESS	4246 TAMARGO DR		4.3 \$1	REET ADDRES			
CITY-ST-ZIP	NEW PORT RICHEY FL		_	IY-S1-ZIP		M (4/8:	
TATLE	D	DELETE	5.1 7(1		D	Change X Addition	
NAME	STAUB, HAROLD		5.2 NA		DOUGLAS, RICHARD		
STREET ADDRESS	4236 RICHMERE DR.			REE1 ADDRES	4214 TAMARGO DRIVE		
CITY-ST-ZIP	NEW PORT RICHEY FL	I DELETE		Y-ST-ZIP	NEW PORT RICHEY FL	Change Addition	
TITLE	TD	☐ DELETE	6.1 TII		PD	M change	
NAME	LIGGAN, JOHN		6.2 N/				
STREET ADDRESS	4205 TAMARGO DRIVE			REET ADDRES			
CITY-ST-ZIP	NEW PORT RICHEY FL	d with this filles does not availb		IY-ST-ZIP	taled in Section 119 07(3)(i). Florida Statules I furthe	r cortify that the	

. I do hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Frorida 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 charged, or do an attachment with an address.

de la constantina del constantina de la constantina de la constantina del constantina de