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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720352

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



2. Principal Place of Business

2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

2a. Mailing Address

2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

3. Date Incorporated or Qualified

02/25/1971

4. FEI Number

59-1634516

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

10. Name and Address of New Registered Agent

LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

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

[Handwritten Signature]

4/19/99

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Table with 6 rows of officer information including titles (TD, SD, D, D, VD, PD), names, and addresses.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for adding officers, including titles (D, TD), names, and addresses.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Handwritten Signature] SIGNATURE REQUIRED

4/15/99

Date

727-845-4369

Daytime Phone #

CR2E037 (11/98)