

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90176 012 ****61.25

DOCUMENT # 720352

1. Entity Name

**GARDENS OF BEACON SQUARE CONDOMINIUM NUMBER THREE
 E, INCORPORATED**

Principal Place of Business

Mailing Address

2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765

2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1634516

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **STEPHAN, ROBERT**
 STREET ADDRESS **4229 GLISSADE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **UPD** Change Addition
 NAME **CORR, LARRY**
 STREET ADDRESS **4228 TAMARGO DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **SD** Delete
 NAME **GOLD, DOROTHY**
 STREET ADDRESS **4230 RAX PLACE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WAHL, CHRISTA**
 STREET ADDRESS **4213 TAMARGE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALEXANDER, JULIA**
 STREET ADDRESS **4225 TAMARGO DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** Change Addition
 NAME **BERTINI, MARGUERITE**
 STREET ADDRESS **4232 TAMARGO DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **D** Delete
 NAME **DEMAEST, ETHEL**
 STREET ADDRESS **4254 TAMARGO DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** Change Addition
 NAME **NADEAU, EDNA**
 STREET ADDRESS **4217 RICHMERE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY, FL**

TITLE **VD** Delete
 NAME **LIGGAN, JOHN**
 STREET ADDRESS **4205 TAMARGO DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Robert Stephan
ROBERT STEPHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

727-816-9540

Daytime Phone #

CR2E037 (9/01)