


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48127** (7)

1. Corporation Name

GARDENS OF BEACON SQUARE I, II, III COMMON, INCORPORATED

Principal Place of Business

Mailing Address

**1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

**1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619-2129**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1992		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3128552		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

81. Name

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

83.

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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZ, ROSE H.	1.2 NAME	
STREET ADDRESS	4217 TERRAPIN PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, SOPHIE	2.2 NAME	GRAY, ETHEL
STREET ADDRESS	4209 MREDCLIFFE PLACE	2.3 STREET ADDRESS	4211 SHELDON PLACE
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPLANTE, ROBERT	3.2 NAME	MAGDLIN, MILDRED
STREET ADDRESS	4230 SHELDON PLACE	3.3 STREET ADDRESS	4210 ARBY PLACE
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROHRSCHEIB, GEORGE F.	4.2 NAME	WINTER, LORETTA
STREET ADDRESS	4264 TAMARGO DR.	4.3 STREET ADDRESS	4225 RICHMERE
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DON	5.2 NAME	
STREET ADDRESS	4223 ARBY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGGAN, JOHN	6.2 NAME	
STREET ADDRESS	4207 TAMARGO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	

I do 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.

CR2E037 (9/96)