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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48127

1. Corporation Name

GARDENS OF BEACON SQUARE I, II, III COMMON, INCO  
RPORATED

Principal Place of Business

1700 MCMULLEN BOOTH ROAD  
SUITE C-3  
CLEARWATER FL 34619

Mailing Address

1700 MCMULLEN BOOTH ROAD  
SUITE C-3  
CLEARWATER FL 34619

2. Principal Place of Business

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

3. Date Incorporated or Qualified

03/27/1992

4. FEI Number

59-3128552

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MENZ, ROSE H.  
STREET ADDRESS 4217 TERRAPIN PL  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☒ DELETE

NAME GRAY, ETHEL  
STREET ADDRESS 4211 SHELDON PLACE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☒ DELETE

NAME MAGDLIN, MILDRED  
STREET ADDRESS 4210 ARBY PLACE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DT ☒ DELETE

NAME WINTER, LORETTA  
STREET ADDRESS 4225 RICHMERE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE SD ☒ DELETE

NAME PRIMO, ELAINE  
STREET ADDRESS 4217 RICHMERE DR  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE

NAME WARD, CORINNE  
STREET ADDRESS 4211 TRUCIOUS PL  
CITY-ST-ZIP NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME STALLWORTH, CHARLES  
2.3 STREET ADDRESS 4248 TAMARGO DR.  
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME CHRISTINE TORETTA  
3.3 STREET ADDRESS 4223 ARBY PLACE  
3.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

4.1 TITLE TD ☐ Change ☒ Addition

4.2 NAME PAUL TRAYNOR  
4.3 STREET ADDRESS 4205 TOUCHTON PLACE  
4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME JULIA ALEXANDER  
5.3 STREET ADDRESS 4225 TAMARGO DR.  
5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)