

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48127

FILED
Mar 02, 2011
Secretary of State

Entity Name: GARDENS OF BEACON SQUARE I, II, III COMMON, INCORPORATED

Current Principal Place of Business:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Mailing Address:

5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3128552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

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: KIM JOHNSON

03/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JOYCE, BRYAN
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: RUSSELL, TOM
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VTD
Name: EDWARDS, LOUISE
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD
Name: CICCONI, JOAN
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: CARUSO, MARILYN
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: MILLETTE, ROBERT
Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM JOHNSON

RA

03/02/2011

Electronic Signature of Signing Officer or Director

Date