

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720352

**FILED  
Feb 20, 2018  
Secretary of State  
CC0138974777**

**Entity Name:** GARDENS OF BEACON SQUARE CONDOMINIUM NUMBER THREE, INCORPORATED

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number: 59-1634516**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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: MAUREEN REARDON**

**02/20/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           FRENCH, LARRY  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           VP/S  
Name           KOSTBAR, SUSAN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           TREASURER  
Name           SHOOP, DARLENE  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           DIRECTOR  
Name           COBB, JANET  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           D  
Name           WALTERS, GARY  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           DIRECTOR  
Name           LALOR, SUSAN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           DIRECTOR  
Name           ANDERSON, DIANN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*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: LARRY FRENCH**

**PRESIDENT**

**02/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date