

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48127

Entity Name: GARDENS OF BEACON SQUARE I, II, III COMMON,
INCORPORATED**Current Principal Place of Business:**4151 WOODLANDS PARKWEAY
PALM HARBOR, FL 34685**Current Mailing Address:**4151 WOODLANDS PARKWEAY
PALM HARBOR, FL 34685 US**FEI Number: 59-3128552****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REARDON, MAUREEN
4151 WOODLANDS PARKWEAY
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****03/26/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VP
Name	KENT, JUDY
Address	4151 WOODLANDS PARKWEAY
City-State-Zip:	PALM HARBOR FL 34685

Title	SECRETARY
Name	GREGORY, PAT
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	PECK, MARY
Address	4151 WOODLANDS PARKWEAY
City-State-Zip:	PALM HARBOR FL 34685

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

Title	DIRECTOR
Name	JOHNSON, SAUNDRA
Address	4151 WOODLANDS PARKWEAY
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: DARLENE SHOOP**PRESIDENT****03/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date