

2014 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:**5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-3128552****Certificate of Status Desired: No****Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name EDWARDS, LOUISE
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT
Name CLIFFE, JOE
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name POOLE, ROY
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name BOB, MILLETTE
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title DIRECTOR
Name POGUE, GREG
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name FITZGERALD, ED
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name KINDT, JUDY
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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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: JOE CLIFFE**PRESIDENT****04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOB, MILLETTE
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name POGUE, GREG
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