

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720352

FILED
Feb 20, 2009
Secretary of State

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

Current Principal Place of Business:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-1634516 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:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BRYANT, JACK
Address: 4224 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: SCHOOLCRAFT, ANNETTE
Address: 4205 TAMARGO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD () Delete
Name: HABLA, GALE
Address: 4225 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CORR, LARRY
Address: 4228 TAMARGO DRIVE
City-St-Zip: NEW PORT RICHEY, FL

Title: SD () Delete
Name: BOSWELL, ELEANOR
Address: 4208 RICHMERE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: HIXSON, WILSON
Address: 4233 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SCHOOLCRAFT, ANNETTE
Address: 4205 TAMARGO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD (X) Change () Addition
Name: GRAY, JOHN
Address: 4266 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: JOYCE, BRIAN
Address: 4207 TAMARGO
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: BOSWELL, ELEANOR
Address: 4208 RICHMERE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN GRAY

Electronic Signature of Signing Officer or Director

P

02/20/2009

Date