

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720352

FILED  
Apr 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2180 W. SR 434., STE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR 434., STE 5000  
LONGWOOD, FL 327795044

**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:**

HART, JAMES W JR  
2180 WEST S.R. 434  
SUITE 5000  
LONGWOOD, FL 32779 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: PD  
Name: CLIFFE, JOSEPH  
Address: 2180 WEST SR 323 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD  
Name: CARUSO, MARILYN  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: TSD  
Name: PECK, MARY  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: COBB, JANET  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: WALTERS, GARY  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: POOLE, LEROY  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

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: JOSEPH CLIFFE

PD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date