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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722520

1. Corporation Name

GARDENS OF BEACON SQUARE NUMBER FOUR, INCORPORATED

Principal Place of Business	Mailing Address
4234 STRATFORD DRIVE NEW PORT RICHEY FL 34652	1700 MCMULLEN BOOTH RD.. #C-3 CLEARWATER FL 33759

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
2189 CLEVELAND STREET
27 SUITE 225
28 CLEARWATER, FL 33765
29

3. Date Incorporated or Qualifed
01/24/1972

FEI Number
59-1634512

☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
1700 MCMULLEN BOOTH ROAD, #C-3
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name
82
83 2189 CLEVELAND STREET
84 SUITE 225
CLEARWATER, FL 33765 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 4/28/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEEHAN, CHARLES		1.2 NAME		
STREET ADDRESS	4368 SUMMERSUN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAGER, JAMES		2.2 NAME		
STREET ADDRESS	4141 HAMPTON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WIMBERLY, JEANNE		3.2 NAME		
STREET ADDRESS	4334 SUNSTATE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLAIR, RUTH LA		4.2 NAME		
STREET ADDRESS	4361 SUMMERSUN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YACEK, PETER		5.2 NAME		
STREET ADDRESS	4411 SUNSTATE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL 34652		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STUART, LEE		6.2 NAME		
STREET ADDRESS	4144 STRATFORD DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL 34652		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** 4/28/99 727-847-6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)