FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41012** **(8)**

1. Corporation Name

GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD C-3 CLEARWATER FL 34619	1700 MCMULLEN BOOTH RD C-3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3065275 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HICKS, JOYCE
1700 MCMULLEN BOOTH RD C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Lennard A. Leighton
82 Street Address (P.O. Box Number is Not Acceptable): 1700 McMullen Booth Road, Suite C-3
83
84 City: Clearwater, Fl. FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0505, Florida Statutes.

SIGNATURE: Lennard A. Leighton 4/26/95
(Corporate Officer, Director, Incorporator or Agent) (If Agent, Registered Agent's signature required when amending) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, ROBERT
STREET ADDRESS	4377 SUMMERSUN
CITY ST ZIP	NEW PORT RICHEY FL
TITLE	STD
NAME	WIMBERLY, JEANNE
STREET ADDRESS	4334 SUNSTATE DRIVE
CITY ST ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	ROHRSCHIEB, GEORGE
STREET ADDRESS	9321 JARMAN LN
CITY ST ZIP	PORT RICHEY FL
TITLE	VD
NAME	MENZ, ROSE, H
STREET ADDRESS	4217 TERRAPIN PL
CITY ST ZIP	NEW PORT RICHEY FL
TITLE	PD
NAME	MICHAEL, PIERCE
STREET ADDRESS	4428 SUNSTATE DR
CITY ST ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	PELCHER, DAVID
STREET ADDRESS	4241 SHELDON PLACE
CITY ST ZIP	NEW PORT RICHEY FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Stager, James	
13 STREET ADDRESS	4141 Hampton Drive	
14 CITY ST ZIP	New Port Richey, Fl.	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	D	☐ Change ☐ Addition
62 NAME	Feagley, William	
63 STREET ADDRESS	4254 Sheldon Place	
64 CITY ST ZIP	New Port Richey, Fl.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jeanne Wimberly 4/26/95 847-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
JEANNE WIMBERLY

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