

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N41012 (8)

1. Corporation Name

GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH RD C-3
CLEARWATER FL 34619

1700 MCMULLEN BOOTH RD C-3
CLEARWATER FL 34619-2129

3. Date Incorporated or Qualified
11/27/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
1700 MCMULLEN BOOTH RD, STE C-3
CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature: typed 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	D STAGER, JAMES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4141 HAMPTON DRIVE	1.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD WIMBERLY, JEANNE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4334 SUNSTATE DRIVE	2.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROHRSCHEIB, GEORGE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9321 JARMAN LN	3.2 NAME	
STREET ADDRESS	PORT RICHEY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MENZ, ROSE, H	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4217 TERRIAPIN PL	4.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	4.3 STREET ADDRESS	
CITY-SI-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD MICHAEL, PIERCE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4428 SUNSTATE DR	5.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LEE, SOPHIE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4209 REDCLIFF PLACE	6.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

D
GRAY, ETHEL
4211 SHELDON PLACE
NEW PORT RICHEY FL

14. I do 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.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97
Date

Daytime Phone # 0067159

CR2E037 (9/96)