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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41012 (8)
 1. Corporation Name
GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, IN C.



Principal Place of Business 1700 MCMULLEN BOOTH RD C-3 CLEARWATER FL 34619	Mailing Address 1700 MCMULLEN BOOTH RD C-3 CLEARWATER FL 34619
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3. Date Incorporated or Qualified 11/27/1990		
4. FEI Number 59-3065275	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD A
 1700 MCMULLEN BOOTH RD, STE C-3
 CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STAGER, JAMES	
STREET ADDRESS	4141 HAMPTON DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WIMBERLY, JEANNE	
STREET ADDRESS	4334 SUNSTATE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROHRSCHEB, GEORGE	
STREET ADDRESS	9321 JARMAN LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MENZ, ROSE, H	
STREET ADDRESS	4217 TERRIAPIN PL	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL, PIERCE	
STREET ADDRESS	4428 SUNSTATE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, ETHEL	
STREET ADDRESS	4211 SHELDON PLACE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WARD, CORINNE	
1.3 STREET ADDRESS	4211 TRUCIOUS PLACE	
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHEEHAN, CHARLES	
3.3 STREET ADDRESS	4368 SUMMERSUN DR.	
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STALLWORTH, CHARLES	
5.3 STREET ADDRESS	4248 TAMARGO DR.	
5.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Corinne Ward* **CORINNE WARD** 3/25/98 813-846-0092

CR2E037 (10/97)