

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90246 008 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N41012**

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



2. Principal Place of Business

**2189 CLEVELAND STREET  
 SUITE 225  
 CLEARWATER, FL 33765**

3. Mailing Address

**2189 CLEVELAND STREET  
 SUITE 225  
 CLEARWATER, FL 33765**

3. Date Incorporated or Qualified

**11/27/1990**

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

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

**2189 CLEVELAND STREET  
 SUITE 225  
 CLEARWATER, FL 33765**

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/99**

Purpose of changing its registered the appointment as registered

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VD	SHEEHAN, CHARLES	4368 SUMMERSUN DR	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
STD	WIMBERLY, JEANNE	4334 SUNSTATE DRIVE	NEW PORT RICHEY FL	<input type="checkbox"/>
D	ROHRSCHEIB, GEORGE	9321 JARMAN LN	PORT RICHEY FL	<input checked="" type="checkbox"/>
D	MENZ, ROSE, H	4217 TERRIAPIN PL	NEW PORT RICHEY FL	<input type="checkbox"/>
D	STALLWORTH, CHARLES	4248 TAMARGO DR	NEW PORT RICHEY FL	<input type="checkbox"/>
D	GRAY, ETHEL	4211 SHELDON PLACE	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
FD	DICK Douglas	4214 Tamargo Drive	New Port Richey, FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
VD	Charles Sheehan	4368 Summersun Dr.	New Port Richey, FL 34652	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WARD, CORRINE	4211 TRUCIOUS PL.	NEW PORT RICHEY FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(b), 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:

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

**4/28/99**  
 Date

**727-847-6951**  
 Daytime Phone #

CR2E037 (1/98)