

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90008 033 ****61.25

DOCUMENT # N41012

1. Entity Name **GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, INC.**

Principal Place of Business: 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765

Mailing Address: 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3065275** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____



MOORE CR2E037 (11/03)

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: DEMAREST, ETHEL STREET ADDRESS: 4250 TAMARGO DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GESZVAIN, NANCY STREET ADDRESS: 4130 STRATFORD DR. CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE: VD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GERMANO, RICHARD STREET ADDRESS: 4219 REDCLIFF PLACE CITY-ST-ZIP: PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MENZ, ROSE, H STREET ADDRESS: 4217 TERRIAPIN PL CITY-ST-ZIP: NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Leonard Renguin STREET ADDRESS: 4216 Terrapin Place CITY-ST-ZIP: New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: LAFLAIR, RUTH STREET ADDRESS: 4361 SUMMERSUN DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Jeanne Wimberly STREET ADDRESS: 4334 Sunstate Drive CITY-ST-ZIP: New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: GEISLER, RUSTY STREET ADDRESS: 4406 RUSTIC DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rusty Geisler* Date: 2/25/04 Daytime Phone #: 727-547-6951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR