

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete
NAME **DEMAREST, ETHEL**
STREET ADDRESS **4250 TAMARGO DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GESZVAIN, NANCY**
STREET ADDRESS **4130 STRATFORD DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GERMANO, RICHARD**
STREET ADDRESS **4219 REDCLIFF PLACE**
CITY-ST-ZIP **PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MENZ, ROSE, H**
STREET ADDRESS **4217 TERRAPIN PL**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ Change ☒ Addition
NAME **Leonard Renguin**
STREET ADDRESS **4216 Terrapin Place**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **STD** ☒ Delete
NAME **LAFLAIR, RUTH**
STREET ADDRESS **4361 SUMMERSUN DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **TD** ☐ Change ☒ Addition
NAME **Jecanne Wimberly**
STREET ADDRESS **4334 Sunstate Drive**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **PD** ☐ Delete
NAME **GEISLER, RUSTY**
STREET ADDRESS **4406 RUSTIC DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

727-847-6951

Daytime Phone #