2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 14, 2006 8:00 am
Secretary of State
04-04-2006 90142 003 ****61.25

DOCUMENT # N41012

1. Entity Name

GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	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 _____ 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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BERTINI, MARGUERITE 4232 TAMARGO DRIVE NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P / D JACK BRYANT 4224 TAMARGO DR. NEW PORT RICHEY, 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GESZVAIN, NANCY 4130 STRATFORD DR. NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / T / D ROBERT STEPHAN 4121 STRATFORD DR. NEW PORT RICHEY, 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARGREAVES, DARRELL 4227 TOUCHTON PLACE NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALE FRANCES 4355 SUMMERSUN DR. NEW PORT RICHEY, 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POOLE, ROY 4206 RICHMERE DRIVE NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S / D JEANETTE MINNOE 4209 TERRAPIN PL NEW PORT RICHEY, 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WIMBERLY, JEANNE 4334 SUNSTATE DRIVE NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JULIA ALEXANDER 4225 TAMARGO DR. NEW PORT RICHEY, 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELLIE YUSKEVICH 4236 REDCLIFF PL NEW PORT RICHEY, 34652	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jack W. Bryant 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #