## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41012

FILED Mar 26, 2009 Secretary of State

Entity Name: GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 **New Mailing Address: Current Mailing Address:** 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 FEI Number: 59-3065275 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEIGHTON, LENNARD A 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BRYANT, JACK ROEMER, RUTH Name: Name: 4224 TAMARGO DR Address: 4328 SUMMERSUN DR. Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: PD () Delete Title: () Change () Addition STEPHAN, ROBERT Name: Name: Address: 4121 STRATFORD DR Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: () Delete Title: () Change () Addition BOSWELL, ELEANOR Name: Name: Address: 4208 RICHMERE DR Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: TD Name: EDWARDS, LOISE Name: EDWARDS, LOUISE 4216 ARBY PL Address: 4216 ARBY PL Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: () Delete Title: (X) Change ( ) Addition CICCONE, JOAN CAROLYN, RIZOR Name: Name: 4254 SHELDON PL 4210 REDCLIFF PL Address: Address: NEW PORT RICHEY, FL 34652 City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34652 Title: () Delete Title: (X) Change ( ) Addition WIMBERLY, JEANNE FRAN, BRYANT Name: Name: Address: 4334 SUNSTATE DR. Address: 4224 TAMARGO DR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT STEPHAN P 03/26/2009

NEW PORT RICHEY, FL 34652

City-St-Zip:

NEW PORT RICHEY, FL 34652