


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90013 016 ****61.25

DOCUMENT # N48127			
1. Entity Name GARDENS OF BEACON SQUARE-I, II, III COMMON, INCORPORATED			
Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US		Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3128552		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A 2189 CLEVELAND STREET SUITE 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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	STD HABLA, GALE <input type="checkbox"/> Delete 4226 TAMARGY DR NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHAN, ROBERT <input checked="" type="checkbox"/> Delete 4229 GLISSADE DRIVE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Darrell Hargraves <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4227 Touchton Pl. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REQUIN, LEONARD <input checked="" type="checkbox"/> Delete 4216 TERRAPIN PLACE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Elizabeth Gornall <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4219 Terrapin Pl. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTINS, MARGUERITE <input checked="" type="checkbox"/> Delete 4232 TAMARGO DRIVE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jeanette Minnoe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4209 Terrapin Pl. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, DONNA <input checked="" type="checkbox"/> Delete 4214 TRUCIOUS PLACE NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy Poole <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4206 Richmere Dr. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMANO, RICHARD <input checked="" type="checkbox"/> Delete 4219 REDCLIFF PL NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marguerite Bertini <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4232 Tamargo Dr. New Port Richey, FL 34652

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: Lee Habla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-05
Date

Daytime Phone #