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

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # N48127 03-22-2006 90029 033 ****61.25 GARDENS OF BEACON SQUARE I, II, III COMMON, INCORPORATED Principal Place of Business Mailing Address 2189 CLEVELAND STREET 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3128552 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HABLA, GALE NAME NAME 4226 TAMARGY DR STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34652 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE ☐ Change Addition TITLE HARGRAVES, DARRELL NAME NAME STREET ADDRESS **4227 TOUCHTON PT** STREET ADDRESS NEW PORT RICHEY FL 34652 CITY-ST-ZIP CITY-ST-ZIP Addition Delate T/D TITLE TITLE Change LOUISE EDWARDS GORNALL, ELIZABETH MAME NAME 4216 PRINCE PL STREET ADDRESS STREET ADDRESS **4219 TERRAPIN PL** NEW PORT RICHEY, FL 34652 NEW PORT RICHEY FL 34652 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE SD Delete TITLE NAME NAME MINNOE, JEANETTE STREET ADDRESS 4209 TERRAPIN PL STREET ADDRESS NEW PORT RICHEY FL 34652 CITY-ST-ZIP CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

Delete

SIGNATURE: Accumitted & Mineral

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

POOLE, ROY

4206 RICHMERE DR

BERTINI, MARGUERITE

4232 TAMARGO DR

NEW PORT RICHEY FL 34652

NEW PORT RICHEY FL 34652

SHIRLEY CHERICO

4240 RICHMERE DR.

NELLIE YUSKEVICH

4236 REDCLIFF PL

NEW PORT RICHEY, FL 34652

NEW PORT RICHEY, FL 34652

2/27/06 727-466-0571

Change

Change

Addition

FILED

4TTACHMENT 50004742 #1148127

D JACK BRYANT 4224 TAMARGO DR. NEW PORT RICHEY, FL 34652

D JOAN CICCONE 4254 SHELDON PL NEW PORT RICHEY, FL 34652

D JEAN PHILLIPS 4223 ARBY PL NEW PORT RICHEY, FL 34652