2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90018 001 ****61.25

DOCUMENT # N48127

1. Entity Name

GARDENS OF BEACON SQUARE I, II, III COMMON, INCORPORATED

Principal Place of Business	Mailing Address
2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US	2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3128552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ 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, 2008

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	PD HABLA, GALE 4226 TAMARGY DR NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARGRAVES, DARRELL 4227 TOUCHTON PT NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Russell 4223 Prince Place New Port Richey, FL 34652 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDWARDS, LOUISE 4216 PRINCE PL NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORR, LAWRENCE 4228 TAMARGO DR NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CICCONE, JOAN 4254 SHELDON PLACE NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOOLCRAFT, ANNETTE 4205 TAMARGO DR NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ SD ☒ 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: x Gale Habla 3/26/08