

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48127

FILED
Feb 25, 2009
Secretary of State

Entity Name: GARDENS OF BEACON SQUARE I, II, III COMMON, INCORPORATED

Current Principal Place of Business:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3128552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HABLA, GALE
Address: 4226 TAMARGY DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: RUSSELL, TOM
Address: 4223 PRINCE PLACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: EDWARDS, LOUISE
Address: 4216 PRINCE PL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CORR, LAWRENCE
Address: 4228 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: CICCONI, JOAN
Address: 4254 SHELDON PLACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: SCHOOLCRAFT, ANNETTE
Address: 4205 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOYCE, BRYAN
Address: 4207 TAMARGY DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: EDWARDS, LOUISE
Address: 4216 PRINCE PL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: STAFFORD, DIANE
Address: 4219 ARBY PL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: CICCONI, JOAN
Address: 4254 SHELDON PLACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD (X) Change () Addition
Name: SCHOOLCRAFT, ANNETTE
Address: 4205 TAMARGO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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.

SIGNATURE: BRYAN JOYCE

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date