2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2024
Secretary of State
7096892255CC

DOCUMENT# 722520

Entity Name: GARDENS OF BEACON SQUARE NUMBER FOUR, INCORPORATED

Current Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT
5901 US HIGHWAY 19 SUITE 7Q
NEW PORT RICHEY , FL 34652

Current Mailing Address:

QUALIFIED PROPERTY MANAGEMENT
5901 US HIGHWAY 19 SUITE 7Q
NEW PORT RICHEY , FL 34652 US

FEI Number: 59-1634512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 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: MARY BURNARD 01/31/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	WONDERS, HANK	Name	KERR, BOB
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	SECRETARY	Title	TREASURER
Name	BAKER, LISA	Name	LAKE-THOMPSON, ROSEMARIE
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR	Title	DIRECTOR
Name	JAMISON, JACK	Name	KERR, NANCY
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR	Title	DIRECTOR
Name	GARRETT, MARLENE	Name	WATSON, BILL
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q	Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652

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I hereby 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 all other like empowered.

SIGNATURE: HANK WONDERS PRESIDENT 01/31/2024

Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VALSECCHI, LOUIE
Address	QUALIFIED PROPERTY MANAGEMENT 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652