

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722520

Entity Name: GARDENS OF BEACON SQUARE NUMBER FOUR,
INCORPORATED**Current Principal Place of Business:**7300 PARK STREET
SEMINOLE, FL 33777**Current Mailing Address:**7300 PARK STREET
SEMINOLE, FL 33777**FEI Number: 59-1634512****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIANFRONE, NIKOLOFF, GRANT & GREENBERG
1964 BAYSHORE BLVD
SUITE A
DUNEDIN, FL 34698 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: JOSEPH CIAFRONE****04/10/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name ROEMER, PAM
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title VP
Name MOONEY, RON
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DT
Name LAKE -THOMPSON, ROSEMARIE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title SECRETARY
Name MCKOWN, MIKE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name WHITMAN, DAVID
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name ARTRIP, DEBBIE
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name CULOTTA, JOHN
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name GARRETT, BILL
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

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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: PAM ROEMER**PRESIDENT****04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KURTS, DAVID
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777