2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2015
Secretary of State
CC0416588720

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 & DEFURIO
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:

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

Title	D
Name	CLIFFE, JOSEPH
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

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

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

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

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

Title	SECRETARY
Name	SHEENAN, CHUCK
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: PAMELA ROEMER PRESIDENT 04/15/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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