

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41012

**FILED**  
**Mar 15, 2018**  
**Secretary of State**  
**CC0661434826**

**Entity Name:** GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-3065275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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:** MAUREEN REARDON

03/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            THOMPSON, JOHN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            VP  
Name            KENT, JUDY  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            SECRETARY  
Name            CULOTTA, JOHN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            TREASURER  
Name            WHITMAN, DAVID  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            CARUSO, MARILYN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            FASCIANO, DENNIS  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            STEPHEN, SHIRLEY  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            LALOR, SUSAN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

**Continues on page 2**

*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:** JOHN THOMPSON

**PRESIDENT**

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOHNSON, MELINDA  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           DIRECTOR  
Name           POGUE, GREG  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685