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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N33810

(5)

BISHOPSCOURT AT THE OAKS PRESERVE ASSOCIATION, I

City & State Country 6. Election Campaign Financing Added to Fees Added to Fees Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032,	NC.							
2. Principal Place of Eluminosis 2a. Mailing Address 3 3 3 3 4 5 5 5 5 5 5 5 5 5	4582 SOUTH- SARASOTA E	DEL GOL BLUD L34243. CISPREY, FL	Sarasota fl 3424 3	201	WARFIELD	AIE	MII DEBII ƏIBII BABIE BIBŞI	01014
2. Marries 2.	US	34229		Venice	E.,FL 34292	3. Date Incorporated or Qualified 08/21/1989		
27 Country State City & State City & State	2. Principal Pla	ace of Business	<u></u>			4. FEI Number	}+	
Trust Fund Contribution Added to Fees	Suite, Apt. #	ŧ, etc.				5. Certificate of Status Desired	1 1 7 1	
26 28 30 Finds Statutes %6 %6 %6 %6 %6 %6 %6 %	City & State		<u>├</u> ——			, , ,		
JOHNSON, GARY & . 4582 S. DEL SOL BLVD SARASOTA FL 34243 82 Street Address (P.C. Box Number is Not Acceptable) 83 Set City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 (5602 and 617 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the epiporiment as registered agent, a am formation with and accept the obligations of, Section 617 (5003, Florida Statutes.) SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CEFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D JOHNSON, GARY R. 4882-5-DEL SOL BUY. D. KISHOPSCOURT R.D. SARASOTA-FL (S. F.R.E.Y FL 3.9).) 9 TITLE D CLARK, RICHARD 2752 CASEY KEY RD NOKOMIS FL D CLARK, RICHARD 2752 CASEY KEY RD NOKOMIS FL D CLARK, RICHARD 2752 CASEY KEY RD NOKOMIS FL D CLARK, RICHARD 2752 CASEY KEY RD NOKOMIS FL D CLARK, RICHARD 2752 CASEY KEY RD NOKOMIS FL D CREETE 31 TITLE D CHANGE 41 TITLE D CHANGE 41 TITLE D CHANGE 42 SARASOTA-FL CIS F.R.E.Y. FL 3.9).9 9 SARASOTA-FL CIS F.R.E.Y. SARASOTA-FL STREET ADDRESS CITY-SI-2P TITLE D CHANGE STREET ADDRESS CITY-SI-2P STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ST	Zip 24	25	29	\vdash	ry 	Florida Statutes	Yes No	. 199.032,
4582 S. DEL SOL BLVD SARASOTA FL 34243 B4		9. Name and Address of Curren	t Hegistered Agent	8	1 Name	10. Name and Address of New He	gistered Agent	
The provisions of Sections 617 0502 and 617 1508, Plorida Statutias, the above named corporation submits this statement for the purpose of changing its registered agent. I be provisions of Sections 617 0503, Plorida Statutias, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent. I be provision of the purpose of changing its registered agent. I am registered agent. I am state of five familiar with, and accept the obligations of, Section 617 0503, Florida Statutias. SIGNATURE	4582 S.	DEL SOL BLVD		L		ess (P.O. Box Number is Not Acceptable	3)	
or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ágent. I am familiar with, and accept the obligations of, Section 617,0503, Plorida Statutes. Signature				8	4 City		FL 85 Zi	ip Code
13	or register	ed agent, or both, in the State of Florid	da. Such change was authorize	ed by the co	e-named corpora rporation's board	ition submits this statement for the purp of of directors. I hereby accept the appoi	iose of changing its intrnent as registered	registered office d agent. I am
12.	SIGNATURE _					and the second s		
TITLE					gent signature required			ORS IN 12
STREET ADDRESS SARASOTA FL								
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14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment withyan address

SIGNATURE:

SIGNATURE AND TYPEFOR PRINTED A ME OF SIGNING OFFICER OR DIRECTOR

94/- 9/8-9322 Daytime Prone #