

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33810** (5)

1. Corporation Name

BISHOPSCOURT AT THE OAKS PRESERVE ASSOCIATION, I NC.



Principal Place of Business

12 BISHOPSCOURT RD
~~4582 SOUTH DEL SOL BLVD~~
~~SARASOTA FL 34243~~
US
OSPREY, FL 34229

Mailing Address

C/O: SAVE ON ENTERPRISES
~~4582 SOUTH DEL SOL BLVD~~
~~SARASOTA FL 34243~~
US
209 WARFIELD AVE
VENICE, FL 34292

3. Date Incorporated or Qualified
08/21/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0897347

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, GARY R.
4582 S. DEL SOL BLVD
SARASOTA FL 34243

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, GARY R.
STREET ADDRESS	4582 S. DEL SOL BLVD <i>12 BISHOPSCOURT RD</i>
CITY-ST-ZIP	SARASOTA FL <i>OSPREY FL 34229</i>
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, RICHARD
STREET ADDRESS	2752 CASEY KEY RD
CITY-ST-ZIP	NOKOMIS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VINCENT, VICKIE
STREET ADDRESS	4582 S DEL SOL BLVD <i>12 BISHOPSCOURT RD</i>
CITY-ST-ZIP	SARASOTA FL <i>OSPREY, FL 34229</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 or 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 with an address

SIGNATURE:

Gary R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96
Date

941-918-9322
Daytime Phone #

CR2E037 (12/95)