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2005

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33810 (5)**

1. Corporation Name  
**BISHOPSCOURT AT THE OAKS PRESERVE ASSOCIATION, I NC.**



Principal Place of Business <b>12 BISHOP'S COURT RD OSPREY FL 34229 US</b>	Mailing Address <b>C/O SAVE ON ENTERPRISES 208 WARFIELD AVE VENICE FL 34292 US</b>
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3. Date Incorporated or Qualified <b>08/21/1989</b>	3a. Date of Last Report <b>05/14/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 3174 Gulf of Mexico Drive</b>	4. FEI Number <b>59-0897347</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

City & State <b>23 Longboat Key FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24 34228</b>	Country <b>25 USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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]* DATE **4/30/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE #	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, GARY R.</b>	1.2 NAME	
STREET ADDRESS	<b>12 BISHOP'S COURT RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSPREY FL</b>	1.4 CITY-ST-ZIP	
TITLE #	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, RICHARD</b>	2.2 NAME	<b>Director</b>
STREET ADDRESS	<b>2752 CASEY KEY RD</b>	2.3 STREET ADDRESS	<b>DR. WILLIAM STRYKER</b>
CITY-ST-ZIP	<b>NOKOMIS FL</b>	2.4 CITY-ST-ZIP	<b>182 BAYHEAD LANE</b>
TITLE #	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VINCENT, VICKIE</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>12 BISHOP'S COURT RD</b>	3.3 STREET ADDRESS	<b>Mary Kelly</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	3.4 CITY-ST-ZIP	<b>2033 main st. #104</b>
TITLE #	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE #	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE #	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)