

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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>3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34226 US</b>
---	--

3. Date Incorporated or Qualified <b>08/21/1989</b>	Applied For Not Applicable
4. FEI Number <b>59-0897347</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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 checked="" 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	<b>1741 main st. #101</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	1.4 CITY-ST-ZIP	<b>sarasota, FL 34236</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Stryker, Dr. William</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRGKOER, WILLIAM DR.</b>	2.2 NAME	
STREET ADDRESS	<b>17 BAYHEAD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSPREY FL</b>	2.4 CITY-ST-ZIP	<b>34229</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, MARY</b>	3.2 NAME	<b>Schmalzinger, Monica</b>
STREET ADDRESS	<b>2033 MAIN ST., #104</b>	3.3 STREET ADDRESS	<b>1741 main st. #101</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</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 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.

SIGNATURE: *Daryle [Signature]* 2/5/98 941 954-0355

CFR2E037 (10/97)