

N33810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

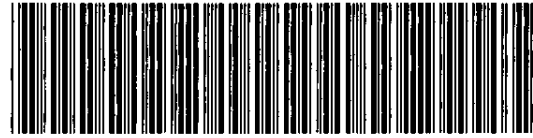
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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*RA Change  
Lewis  
11-8-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bishops Court at The Oaks Preserve Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 590897347

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheena Palacios  
Name of Contact Person

Lighthouse Property Management  
Firm/Company

16 Church Street  
Address

Osprey, Florida 34229  
City/State and Zip Code

Sheenapalacios@mgmt.tv  
~~sheenapalacios@mgmt.tv~~  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheena Palacios at ( 941 ) 966-6844  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Bishops Court at The Oaks Preserve Association, Inc.
- 2. The principal office address: C/O Lighthouse Property Management  
16 Church Street, Osprey, Florida 34229
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 08/21/1989 Document number: N33810
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C/O Beth Callans Management  
595 Bay Isles Road Suite 200  
Longboat Key, Florida 34228

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Irwin  
156 Bishop Court Road  
P.O. Box NOT acceptable  
Osprey, Florida 34229


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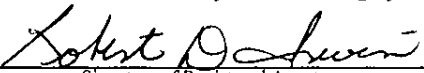
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 Signature of an officer or director

MARCOLM SOUTHARD  
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 Signature of Registered Agent

10/6/11  
 Date

If signing on behalf of an entity:

ROBERT D. IRWIN  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314