

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33810

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** BISHOPSCOURT AT THE OAKS PRESERVE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US

**New Mailing Address:**

**FEI Number:** 59-0897347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRWIN, ROBERT  
156 BISHOP COURT ROAD  
OSPREY, FL 34229 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOUTHORN, MALCOLM  
Address: 1108 BAY HEAD LN  
City-St-Zip: OSPREY, FL 34229

Title: VTD  
Name: IRWIN, ROBERT  
Address: 156 BISHOP COURT RD. #13  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: FISHER, MITCHELL  
Address: 92 BISHOPSCOURT RD  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: TESO, KATHLEEN  
Address: 140 BISHOPCOURT RD  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: GEORGI, NEIL  
Address: 13 BAY HEAD LANE  
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD CABOT

CAM

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date