

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 023 ****70.00

DOCUMENT # N93000005153							
1. Entity Name BISHOP'S GLEN RESIDENTS' ASSOCIATION, INC.							
Principal Place of Business 900 LPGA BLVD HOLLY HILL, FL 32117-3100 US			Mailing Address 900 LPGA BLVD HOLLY HILL, FL 32117-3100 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02242005 Chg-NP CR2E037 (10/03)			
4. FEI Number 59-3210351				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WITHERINGTON, EDNA L 14 MANDARIN DR. #103 HOLLY HILL, FL 32117			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Edna L. Witherington</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <i>April 18, 2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE PD	NAME BURCHILL, TED		<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Francis, June		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16 NEWPORT RD. #109	CITY-ST-ZIP HOLLY HILL, FL 32117			STREET ADDRESS 7 Flagler Lane, #210	CITY-ST-ZIP Holly Hill, FL 32117		
TITLE VD	NAME WHEELER, FRANK		<input checked="" type="checkbox"/> Delete	TITLE VD	NAME Laman, Ava		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8 FLAGLER LANE #207	CITY-ST-ZIP HOLLY HILL, FL 32117			STREET ADDRESS 13 Mandarin Dr. #109	CITY-ST-ZIP Holly Hill, FL 32117		
TITLE DV	NAME FRANCIS, JUNE		<input checked="" type="checkbox"/> Delete	TITLE VD	NAME Haydt, Joseph		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7 FLAGLER LANE #210	CITY-ST-ZIP HOLLY HILL, FL 32117			STREET ADDRESS 02 Ashley Place #201	CITY-ST-ZIP Holly Hill, FL 32117		
TITLE SD	NAME BAUSERMAN, SUE		<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Messer, Trudy		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16 NEWPORT RD #206	CITY-ST-ZIP HOLLY HILL, FL 32117			STREET ADDRESS 06 Flagler Lane	CITY-ST-ZIP Holly Hill, FL 32117		
TITLE TD	NAME WITHERINGTON, EDNA L		<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Witherington, Edna L		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14 MANDARIN DR. #103	CITY-ST-ZIP HOLLY HILL, FL 32117			STREET ADDRESS 14 Mandarin Dr. #103	CITY-ST-ZIP Holly Hill, FL 32117		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Edna L. Witherington</i> (Edna L. Witherington)			DATE <i>April 18, 2005</i>			Daytime Phone # <i>386-226-9537</i>	