

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000520

Entity Name: BISHOPS GATE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**26945 BELLA VISTA DRIVE
HOWEY-IN-THE-HILLS, FL 34737**Current Mailing Address:**26945 BELLA VISTA DRIVE
HOWEY-IN-THE-HILLS, FL 34737 US**FEI Number:** 59-3175127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAULUHN, BEN
26945 BELLA VISTA DRIVE
HOWEY-IN-THE-HILLS, FL 34737 US*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**Officer/Director Detail :**

Title	PD
Name	WALKER, WILL
Address	26633 BELLA VISTA BLVD.
City-State-Zip:	HOWEY IN THE HILLS FL 34737

Title	TREASURER
Name	NICKEN, ANN
Address	10015 BRIDGEVIEW DRIVE
City-State-Zip:	HOWEY IN THE HILLS FL 34737

Title	D
Name	SUMMERS, ANDREW
Address	26945 BELLA VISTA BLVD.
City-State-Zip:	HOWEY IN THE HILLS FL 34737

Title	DS
Name	SILAS, SHARON
Address	26709 BELLA VISTA BLVD.
City-State-Zip:	HOWEY IN THE HILLS FL 34737

Title	DVT
Name	PAULUHN, BEN
Address	26609 BELLA VISTA BLVD.
City-State-Zip:	HOWEY-IN-THE-HILLS FL 34737

Title	D
Name	SUMMERS, ANDREW
Address	26600 BELLA VISTA BLVD.
City-State-Zip:	HOWEY IN THE HILLS FL 34737

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: ANDREW SUMMERS**DIRECTOR****01/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date