727891

| SENTRY Management INC. 2180 W State Road 434 Suite 5000 Longwood FL 32779-5044 GIGGO- (City/State/Zip/Phone #) |
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| |
| PICK-UP WAIT MAIL |
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SECRETARY OF STATE

PR MAS

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA in the change its registered office or registered agent, or both, in the State of Florida. |
|--|--|
| 1. The name of t | the corporation: SUNFISH BAY CONDOMINIUM ASSOCIATION, INC. |
| 2. The principal | office address: 2180 WEST SR 434 STE 5000 |
| • | LONGWOOD FL 32779-5044 |
| 3. The mailing a | ddress (if different): |
| 4. Date of incorp | poration/qualification: 10/30/1973 Document number: 727891 |
| | I street address of the current registered agent and registered office on file with the thent of State: |
| | ROBERT L. TANKEL, PA |
| | 1022 MAIN STREET, STE D |
| | DUNEDIN FL 34698 |
| 6. The name and (if changed): | 1022 MAIN STREET, STE D DUNEDIN FL 34698 I street address of the new registered agent (if changed) and /or registered office The street address of the new registered agent (if changed) and /or registered office |
| | ي به المجاهد JAMES W HART JR |
| | C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000 |
| | (P.O. Box NOT acceptable) LONGWOOD FL 32779-5044 |
| | |
| as changed will | |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| Ri | OE South Kickael to the Charles and title) (Printed or typed name and title) |
| I hereby accept I further agree of my duties, an document is be corporation ha | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. |
| | gnature of Registered Agent) (Hate) |
| If signing on bo | chalf of an entity: |
| JAMES W I | HART JR 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 CR2E045 (8/05)