N00000002327

| SENTRY Management 2180 State Road 434 W Ste 5000 Longwood FL 32779-5044 Reserve 138400 | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |

Office Use Only



600043441016

12/27/04--01040--008 **35.00

A. Charge JAN 0 3 2005

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

| | e provisions of sections 607 of change is submitted for a c | | | |
|--------------------------------|---|---|---|---|
| FLORIDA | in order to change it | s registered offi | ce or registered agent, or | both, in the State |
| of Florida. | | | | |
| 1. The name of | the corporation: RESERVE | AT CYPRESS | SPRINGS II HOMEOWNEF | RS' ASSOCIATION, INC |
| 2. The principa | l office address: 2180 W SI | R 434 STE 50 | 00 | |
| | LONGWOOD | FL 32779-5 |)44 | |
| 3. The mailing | address (if different): | | | |
| 4. Date of inco | rporation/qualification: 04/0 | 04/2000 | Document number:NC | 00000002327 |
| 5. The name an Florida Depa | nd street address of the curren artment of State: | t registered ager | t and registered office on | file with the S |
| | DAVIS, MARC P | | | _ 500 100 100 100 100 100 100 100 100 100 |
| | 882 JACKSON AVE | | | TED P |
| | WINTER PARK FL 32 | 2789 | | - 120 H |
| 6. The name a changed): | nd street address of the new | | | |
| , | JAMES W HART JE | ₹ | · | |
| | SENTRY MANAGEME | ENT INC | | |
| | 2180 W SR 434 S | personal mailbox NOT TE 5000 779-5044 | acceptable) | · |
| | ress of its registered office ar ged will be identical. | | | |
| Such change wanthorized by t | vas authorized by resolution the board or the corporation | duly adopted by has been notifie | its board of directors or b d in writing of the change | y an officer so |
| (Signature of an office | er, chairman or vice chairman of the board | | (Printed or typed name and title) | /CUGINI |
| l turther aoree | t the appointment as register to comply with the provision f my duties, and I am familiant. Or, if this document is be I hereby confirm that the co | ns of all statutes | relative to the proper and | d complete |
| | Signature of Registered Agent) | | (Date) | |
| If signing on beha | alf of an entity: | | | |
| JAMES W H | | <u> </u> | PRESIDENT | |
| (| (Typed or Printed Name) | | (Capacity) | |

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