N04000000622

(Re	equestor's Name)	
2180 State Longwood	TRY 12561 PRoad 434 W FL 32779-50	
	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
 -	Office Use Onl	



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08/26/04--01024--003 **35.00

lA Change



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

Pursuant to the	provisions of sections 607.0502, 617.050	2, 607.1508, or 617.1508, F	lorida Statutes,
this statement o	f change is submitted for a corporation org	anized under the laws of the S	State of
FLORIDA	in order to change its registered off	ice or registered agent, or be	oth, in the State
of Florida.			-14h E
1. The name of	the corporation: THE ESTATES OF LAKE	ST. CHARLES HOMEOWNER	S' ASSOCIATIO
2. The principal	office address: 2180 W SR 434 STE 50	000	# P P
	LONGWOOD FL 32779-5	5044	The same
3. The mailing	address (if different):		
			البيارة البيارة
4. Date of incor	poration/qualification: 01/15/2004	Document number: N04	000000622
	d street address of the current registered age rtment of State:	ent and registered office on fil	e with the
	KLEINSMITH, DAWN		
	380 S NORTHLAKE BLVD STE 1012		
	ALTAMONTE SPRINGS, FL 32701		
6. The name as changed):	nd street address of the new registered ago	ent (if changed) and /or regi	stered office (if
	JAMES W HART JR		•
	SENTRY MANAGEMENT INC		
	(P.O. Box or personal mailbox NO 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044	T acceptable)	• •
	ess of its registered office and the street ad ed will be identical.		
Such change wauthorized by t	as authorized by resolution duly adopted be board, or the corporation has been notif		an officer so
14	c, chairman of the board)	(Printed or typed name and title)	*
I hereby adcept I further agree performance of registered ager office address,	the appointment as registered agent and a to comply with the provisions of all statute my duties, and I am familiar with and acc t. Or, if this document is being filed mere I hereby confirm that the corporation has	igree to act in this capacity. is relative to the proper and eept the obligation of my posily to reflect a change in the theen notified in writing of the	complete ition as egistered is change.
Day	W	8-23-04	
	ignature of Registered Agent)	(Date)	
H≲sj∕gning on beha JAMES W H	· ·	PRESIDENT	
	Typed or Printed Name)	(Capacity)	

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