N04000004826

SCHTRY SCHTRY MONOSCENCITING. 2180 State Road 434 W Ste 5000 Longwood FL 32779-5044		
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

RA Chg.

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

Pursuant to the provisions of sections 607.05	502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corp	poration organized under the laws of the State of
	egistered office or registered agent, or both, in the State
of Florida.	
1. The name of the corporation: <u>PORT_ORANG</u>	E PLANTATION HOMEOWNERS ASSOCIATION INC
2. The principal office address: 2180 W SR	434 STE 5000 5
LONGWOOD FI	_ 32779-5044
3. The mailing address (if different):	
4.5	7/2004 Document number: N04000004826
•	
The name and street address of the current re Florida Department of State:	egistered agent and registered office on file with the
<u>JOHNS, KENNETH JR</u>	
9456 PHILIPS HWY ST	E 1
JACKSONVILLE FL 322	56
6. The name and street address of the new rechanged):	egistered agent (if changed) and /or registered office (if
JAMES W HART JR	
SENTRY MANAGEMENT	
2180 W_SR_434_STE	onal mailbox NOT acceptable) 5000 79-5044
	the street address of the business office of its registered
Such change was authorized by resolution dulauthorized by the board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.
(Signature of an officer, chairman of vice chairman of the board)	Kenneth L. Johns Jr. pres.
performance of my duties, and I am familiar was registered agent. Or, if this document is being office address, I hereby confirm that the corp.	I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as g filed merely to reflect a change in the registered oration has been notified in writing of this change.
(Signature of Registered Agent)	/ (Date)
If signing on behalf of an entity: JAMES W HART JR	PRESIDENT
(Typed or Printed Name)	(Capacity)

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