N09333

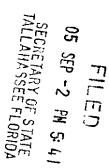
SENTRY Manasement 2180 State Road 434 W Ste 5000 Longwood FL 32779-5044 inquiress) (City/State/Zip/Phone #)					
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TO ME SEP OA TOO

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

Pursuant to th	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Flo	rida St	atutes	5,	
this statement (of change is submitted for a corpora	ition organized under the laws of the Sta	ate of			
FLORIDA	in order to change its regis	tered office or registered agent, or bot	h, in the	e Stat	e	
of Florida.						
1. The name of the corporation: ROSEWOOD CONDOMINIUM HOMEOWNERS ASSOCIATION INC						
2. The principa	l office address: 2180 W SR 434	STE 5000				
· · · · · · · · · · · · · · · · · · ·	LONGWOOD FL 3	32779-5044				
3. The mailing	address (if different):		<u>.</u>			
4. Date of incom	rporation/qualification:05/16/1989	Document number: N09333	3	_,		
	nd street address of the current regist artment of State:	ered agent and registered office on file	with the	;		
	HIGGINBOTHAM, LITA					
	750 W ROSEWOOD LN					
	TAVARES FL 32778		TAT 13	05		
6 The same of	and street address of the service		LGE.		c	
o. The name a changed):	nd street address of the new regist	ered agent (if changed) and /or registe	1 96 -0111	1000(1		
ommegou).	JAMES W HART JR		SSE	2		
	SENTRY MANAGEMENT IN	c c	F-9	32	5	
	(P.O. Box or personal m	nailbox NOT acceptable)	LOF ZIS	ၯၟႃ		
	2180 W SR 434 STE 50 LONGWOOD FL 32779-5	00 044	SE SE	<u></u>		
The street addragent, as chang	ess of its registered office and the s ed will be identical.	treet address of the business office of i	ts regist	tered		
Such change wanthorized by the	as authorized by resolution duly ad no board, or the corporation has bee	opted by its board of directors or by an en notified in writing of the change.		SO		
Stenature of an officer	, their wan or vice chairman of the board)	(Printed or typed hame and title)	Lau			
I hereby accept I further agree performance of registered agen	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a t. Or if this document is being file	nt and agree to act in this capacity. I statutes relative to the proper and con and accept the obligation of my positio I merely to reflect a change in the reg on has been notified in writing of this c	istered :			
	Dul	9/20/05		_		
	ignature of Registered Agent)	(Date)				
If signing on behale JAMES W H	<u>-</u>	ODECTORNE				
	Typed or Printed Name)	PRESIDENT (Capacity)		-		

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