

(Requestor's Name) (Address) (Address)	300161463983
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	10/13/0901039008 **35.00
Certified Copies Certificates of Status 3	2009 OCT 13: PM 12: 21 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 Statute ange is submitted for a corporation organized under the laws of the State of FLO or to change its registered office or registered agent, or both, in the State of Florida	RIDA	_	
1. The name of 1	the corporation: DERBY DOWNS CONDOMINIUM ASSOCIATION INC			
	office address: 2180 WEST SR 434 STE 5000		_	
	LONGWOOD FL 32779-5044			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/17/1986 Document number: N18301			
	d street address of the current registered agent and registered office on file with the rement of State:			
	BOSSHARDT PROPERTY MGMT, INC.			
	2123 SW 20TH PLACE SUITE 102	SEC	2009	
	OCALA FL 34471 RESIGNED AS OF 8/28/2009	AHA AHA	2009 OCT 13	COARS.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SSEE, F	PH	
	JAMES W HART JR	STA	$\dot{\Sigma}$	Ø.
:	C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000 (P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	A	21	
The street addre	ess of its registered office and the street address of the business office of its registered be identical.	stered a	gent,	
	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.			
	re of an officer or director) (Printed or typed name and title)	tour	Merod.	
	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 ad I am familiar with and accept the obligation of my position as registered agen ng filed merely to reflect a change in the registered office address, I hereby con s been notified in writing of this change.	perform nt. Or, i ifirm the	nance if this it the	
(SM	enature of Registered Agent) (Date)			
If signing on be	half of an entity:			
JAMES W H	HART JR Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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

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