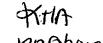
		
(Re	questor's Name)	
(Ad	dress)	
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(Ci+	y/State/Zip/Phone	#6
(Cit	y/State/Zip/Filone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
. (Do	cument Number)	
(50	ourners Humbery	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FOREST INC
	office address: 2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/14/1980 Document number: 750598
	d street address of the current registered agent and registered office on file with the rement of State:
	HARMONY MANAGEMENT INC
	4400 EL CONQUISTADOR PKWY
	BRADENTON FL 34282
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	JAMES W HART JR
	2180 W SR 434 STE 5000
	(P.O. Box NOT acceptable)
	LONGWOOD FL 32779-5044
-	ess of its registered office and the street address of the business office of its registered agent be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board or the corporation has been notified in writing of the change.
(Signatu	ARVI T. TREUDE, PRESIDENT PBF (Printed or typed name and title)
I Jurther agree of my duties, an document is bei	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 performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
(Si	anature of Registered Agent) (Date)
	half of an entity:
JAMES W H	
(7	yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *

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