154191

- Sentry -
180 W State Road 434 Ste 5000
Longwood FL 32779-5044
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

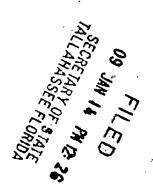
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: S.H. CONDOMINIUM ASSOCIATION INC.
	office address: 2180 WEST SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 09/16/1980 Document number: 754197
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	GALBRAITH, CHARLA J
	3684 TAMPA RD STE 6
	OLDSMAR FL 34677
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	JAMES W HART JR
	C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000
	(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044
	ss of its registered office and the street address of the business office of its registered agent, be identical. s authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Half (Signatu	RALDH MUELLER PRESIDENT (Frinted or typed name and title)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d 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 been notified in writing of this change.
(S	enature of Registered Agent) : 12/18/08 (Date)
If signing on be	half of an entity:
JAMES W H	HART JR Typed 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)

2. ...