756510

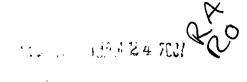
(Requestor's Name)	
(Address)	
SENTRY MANAGEMENT INC. 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 I ALEYOU - W	
(Business Entity Name)	
· (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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01/22/07--01018--007 **35.00

O7 JAN 22 PH 3: 45
SECRETARY OF STATE
TALLAHASSEE 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 Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: WESTRIDGE CONDOMINIUM ASSOCIATION, INC.
	office address: 2180 W SR 434 STE 5000
2. The principal	LONGWOOD FL 32779-5044
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/25/1981 Document number: 756510
	street address of the current registered agent and registered office on file with the tment of State:
	WEBB, ROBIN L
	901 N LAKE DESTINY DR STE 110
	MAITLAND FL 32751
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	JAMES W HART JR
	2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
(Signatu	MONALD DERVITER PRES. (Printed or typed name and hise)
I hereby accept I further agree t of my duties, an document is bein corporation has	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.
	1/19/07
(Sig	
0 0	half of an entity:
JAMES W F	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)