759888

sentry manacement

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044

(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
·	·	•
(Do	cument Number)	
(20		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/23/08--01032--001 **490.00

SECRETARY OF STATE DIVISION OF CORPORATIONS OF CORPORATIONS

RA/RO/Ch8

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

statement of chan	rovisions 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 th	ne corporation: COLONY BAY ONE CONDOMINIUM ASSOCIATION INC
2. The principal of	office address: 2180 WEST SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: 09/02/1981 Document number: 759888
5. The name and Florida Departs	street address of the current registered agent and registered office on file with the ment of State:
	HERITAGE PROPERTY MANAGEMENT INC
	3684 TAMPA RD STE 6
	OLDSMAR FL 34677
6. The name and (if changed):	3684 TAMPA RD STE 6 OLDSMAR FL 34677 street address of the new registered agent (if changed) and /or registered office JAMES W HART JR
	JAMES W HART JR
	C/O SENTRY MANAGEMENT, INC./ 2180 WEST 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 wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Kinbur (Signatur	School Kinkerly D. Clarkson (Printed or typed name and title)
I hereby accept in a further agree to further agree to of my duties, and document is being 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 all am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sig	nature of Registered Agent) /2/8/08
If signing on bel	half of an entity:
JAMES W H	HART JR yped 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 * * *