## N02000006038

## anagement<sub>ine.</sub> 2180 State Road 434 W Ste 5000 Longwood FL 32779-5044 135400 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status \_\_\_ Certified Copies \_\_\_\_ Special Instructions to Filing Officer:

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V SHEPARD JAN 2 9 2003

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

	-	2, 617.0502, 607.1508, or 617.1508, Fi	
	• •	ration organized under the laws of the S	-
FLUKIDA of Florida.	in order to change its reg	istered office or registered agent, or bo	un, in ine State
*	the composition: TIVOLI WOODS	VILLAGE B HOMEOWNERS ASSOCIATION	FTON THE 9
	-		0
2. The principa	l office address: 2180 W SR 43		
	LONGWOOD FL	32779-5044	<u></u>
3. The mailing	address (if different):		```
4. Date of incom	rporation/qualification:08/08/	2002 Document number: N020	000006038
	nd street address of the current reginartment of State:	istered agent and registered office on file	e with the
	WHITE, JOHN II		
	1645 PALM BEACH LAKE	BLVD STE 1200	
		3401	
6. The name a changed):	nd street address of the new regi	istered agent (if changed) and /or regis	stered office (if
	SENTRY MANAGEMENT	INC	
	(P.O. Box or persona 2180 W SR 434 STE LONGWOOD FL 32779	al mailbox NOT acceptable) 5000 -5044	
	ı	e street address of the business office o	
Such change wauthorized by	as authorized by resolution duly he board, or the corporation has t	adopted by its board of directors or by seen notified in writing of the change.	
(Signature of an office	x; chairman or vice chairman of the board)	TScott BANTA VICE PRES	:TDENI
I hereby accept I further agree performance o registered agei office address,	t the appointment as registered a to comply with the provisions of f my duties, and I am familiar wit nt. Or, if this document is being f I hereby confirm that the corpor	gent and agree to act in this capacity, all statutes relative to the proper and c th and accept the obligation of my posit filed merely to reflect a change in the r ation has been notified in writing of thi	complete tion as egistered s change.
	alt-	1/4/03	
Y6.:	Signature of Registered Agent)	/ (Date)	*
If signing on beha JAMES W 1	•	BBCCTOCNT	
	(Typed or Printed Name)	PRESIDENT (Capacity)	

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