N0300001729

(Requestor's Name) management_{ing.} 2180 State Road 434 W SUITE 5000 Longwood FL 32779-5044 18 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

Office Use Only



700057966967

08/01/05--01054--003 **805.00

OS AUG -1 PH 2: 2]
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The second

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

Pursuant to th	e provisions of sections 607.03	502, 617.0502, 607.1508, or 617.1508, Flo	orida Statutes,
	, ,	poration organized under the laws of the St	=
FLORIDA	in order to change its r	registered office or registered agent, or bot	h, in the State
of Florida.			
1. The name of	f the corporation: PARADISE P	OINTE II CONDOMINIUM ASSOCIATION	, INC.
2. The principa	al office address: 2180 W SR	434 STE 5000	
·	LONGWOOD F	L 32779-5044	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 06/04	/2003 Document number: N0300	0004729
	nd street address of the current r artment of State:	registered agent and registered office on file	with the
	HENKE, CAROL J		
	6213 A PRESIDENTIAL	CT	
	FORT MYERS FL 33919		7
6. The name a changed):	and street address of the new r	registered agent (if changed) and /or regist	effection (if
0	JAMES W HART JR		SS -
	SENTRY MANAGEMEN	T INC	MO I
	(P.O. Box or per 2180 W SR 434 ST LONGWOOD FL 327	sonal mailbox NOT acceptable) E 5000 79-5044	D PH 2: 2 F S TATE F LORID
agent, as chan	ged will be identical.	the street address of the business office of	
Such change vauthorized by		ally adopted by its board of directors or by a seen notified in writing of the change.	
(Signature of an office	cer, chairman or vice chairman of the board)	Susaw REES (Printed or typed name and title)	 -
I further agree performance o registered age	e to comply with the provisions of my duties, and I am familiar ent. Or. if this document is beir	d agent and agree to act in this capacity. of all statutes relative to the proper and co with and accept the obligation of my positi ng filed merely to reflect a change in the re- poration has been notified in writing of this	on as gistered
21.29.		6/28/05	
If signing on beh	olf of an entity		
JAMES W	•	PRESIDENT	
Office of	(Typed or Printed Name)	(Capacity)	

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