N03809

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
D DICK LID D WAIT D MAII
PICK-UP WAIT MAIL
(Duainean Entity Marsa)
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:
,

Office Use Only



700076137747

06/16/06--01017--017 **35.00

06 JUN 16 PN 1: 4
SECRETARY OF STATE
ALL AHASSEE FLORIO

Contract of the second

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

cursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION INC.
The principal office address: 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044
. The mailing address (if different):
. Date of incorporation/qualification: 06/20/1984 Document number: N03809
. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BENSON, MARK R. / BENSON'S INC
12650 WHITEHALL DRIVE
FT MYERS FL 33907
The name and street address of the new registered agent (if changed) and /or registered office ART (if changed):
JAMES W HART JR
C/O SENTRY MANAGEMENT INC./2180 W SR 434 STE 5000 (P.O. Box NOT acceptable) LONGWOOD FL 32779-5044
LONGWOOD FL 32779-5044
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Wile Phillip Resistant Mike Phillips Resistant (Signature of an officer of affector)
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
(Signsture of Registered Agent) (Date)
f signing on behalf of an entity:
JAMES W 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

.44

CR2E045 (8/05)