N04000002449

Sentry Management_{no}

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

507 C7

(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
		:		
		1		

Office Use Only



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2007 OCT -8 AM IO: 54
SECRETARY OF STATE
ANALYSEE, FLORIDA

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

statement of c	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida change is submitted for a corporation organized under the laws of the State of order to change its registered office or registered agent, or both, in the State of	f_FLORIDA
1. The name of	of the corporation: THE VILLAGE AT HIDDEN LAKES PROPERTY OW	NERS ASSOCIATION, INC.
2. The princip	ipal office address: 2180 W SR 434 STE 5000	
	LONGWOOD FL 32779-5044	
3. The mailing	ng address (if different):	
4. Date of inco	corporation/qualification: 02/27/2004 Document number: N040	00002449
	and street address of the current registered agent and registered office on file vepartment of State:	with the
	KIRKPATRICK, KENNETH	_ 1 %
	2605 SW 33RF ST STE 200	DO OF SECRETARIAN ALLERA
	OCALA FL 34474	DCT -8 F
6. The name at (if changed)	and street address of the new registered agent (if changed) and /or registered od):	TALLAHASSEE. FLORIDI
	JAMES W HART JR	_ REF
	2180 W SR 434 STE 5000	
	(P.O. Box NOT acceptable)	
	LONGWOOD FL 32779-5044	_
	ddress of its registered office and the street address of the business office of will be identical.	
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by a y the board or the corporation has been notified in writing of the change.	an officer so
Jal	mature of an officer or director) DAVID M. LENN (Printed or typed name an	`
I hereby accept I further agree of my duties, a document is b corporation h	ept the appointment as registered agent and agree to act in this capacity, ee to comply with the provisions of all statutes relative to the proper and co and I am familiar with and accept the obligation of my position as register being filed merely to reflect a change in the registered office address, I her has been notified in writing of this change.	omplete performance red agent. Or, if this reby confirm that the
	9/21/0	フ
· C	(Signature of Registered Agent) (Date)	J
If signing on b	behalf of an entity:	
	V HART JR	
	(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *	
	LITHA LEE: 922'00	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)