Sentry management 180 W State Road 434 Ste 5000 Longwood FL 32779-5044 500580	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, , ,	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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11/03/06--01008--017 **35.00

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

Aursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, statement of change is submitted for a corporation organized under the laws of the State of FLORII in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: PARADISE COVE HOA, INC.	
2. The principal office address: 2180 W SR 434 STE 5000	
LONGWOOD FL 32779-5044	4.
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/09/2005 Document number: N0500000236	7
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
COHEN, DAVID'S ESQ	8 TI
5728 MAJOR BOULEVARD SUITE 550	OS NOV -3
ORLANDO FL 32819	R B M
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1:26 STAIL
JAMES W HART JR	7
2180 W SR 434 STE 5000	
(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	. *
The street address of its registered office and the street address of the business office of its registe as changed will be identical.	red agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	so)_ =='d=nT
Signature of an officer or director) [Arthur A 13 Ret How English Printed or typed name and title]	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete pe of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confir corporation has been notified in writing of this change.	erformance Or, if this m that the
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
JAMES W HART JR (Typed or Printed Name)	
(1yped of Frinted Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)