105000000000

SENTRY Management inc. 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 070410 - C
(City/State/Zip/Phone #)
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STATEMENT OF CHANGE OF REGISTERED OFFICE $\ensuremath{\mathfrak{SR}}$ REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement 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.	-
1. The name of the corporation: CLUBSIDE VILLAGE AT GOLDEN OCALA HOMEOWNERS ASSOCIATION	INC.
2. The principal office address: 2180 W SR 434 STE 5000	
LONGWOOD FL 32779-5044	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/23/2005 Document number: N05000003008	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
KIRKPATRICK, KENNETH	
2605 SW 33RD STREET #200	
OCALA FL 34474	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	- Prince
JAMES W HART JR	===
2180 W SR 434 STE 5000	m
(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 registered ager as changed will be identical.	ıt,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director) Joseph B. Danvelly (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 performan of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if to document is being filed merely to reflect a change in the registered office address, I hereby confirm that to corporation has been notified in writing of this change.	ice iis he
(Signature of Registered Agent) (Date)	- 7
If 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 CR2E045 (8/05)