N0700000803

SENTRY Management inc. 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044							
· (Cit	ty/State/Zip/Phone	e #)					
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STATEMENT 67 CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 61 is submitted for a corporation of change its registered office or r	organized under	the laws of the	State of FLC	DRIDA	
1. The name of the co	corporation; METRO PARK THI	REE CONDOM	NIUM ASSOC	IATION, INC.		
	ce address: 2180 WEST SR 434		, , ,			
	LONGWOOD F		44			
3. The mailing addre	ess (if different):		·			
	•					
4. Date of incorporat	tion/qualification: 01/23/2007	Doc	ument number:	N070000008	303	
5. The name and stre Florida Departmen	eet address of the current registe nt of State:	ered agent and re	egistered office	on file with the	e . ,	
sĸ	ORMAN, MARC				SEC	<u>}</u>
60	6000 METROWEST BLVD STE 111					
OF	RLANDO FL 32835				SSEE SSEE	֝֡֟֝֝ <u>֚</u>
6. The name and stre (if changed):	eet address of the new registered	l agent (if chang	ged) and /or reg	istered office	11	ਪੂ ਮ
JA	AMES W HART JR				> !"	_
C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000						
(P.O. Box NOT acceptable)						
	DNGWOOD FL 32779					
The street address o as changed will be i	of its registered office and the sidentical.	street address o	f the business of	office of its rep	gistered ag	gent,
Such change was au authorized by the bo	uthorized by resolution duly acourt, or the corporation has be	dopted by its been notified in v	oard of director writing of the c	rs or by an offi hange.	icer so	
State	an officer or director)		ANDREW S	S PEAL TO bed name and title)	r Pru	ESIDENS
I hereby accept the I further agree to co of my duties, and I a document is being f corporation has bee	appointment as registered age omply with the provisions of at am familiar with and accept th filed merely to reflect a change en notified in writing of this ch	ent and agree to ll statutes relat le obligation of e in the register lange.	o act in this cap ive to the prope my position as ed office addre	pacity. er and comples registered ag ess, I hereby co	te perform gent. Or, i onfirm tha	ance f this t the
Signatur	re of Registered Agent)		· 2/9	1/09 4c)		
If signing on behalf	f of an entity:					
JAMES W HAF	RT JR d or Printed Name)					

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

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