N14523

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 410510.N (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status _ Special Instructions to Filing Officer:

Office Use Only



300115482593

01/18/08--01039--006 **35.00

RA Roch

CCRETARY OF STATI

ר ונינט

- Roberts JAN 23 200

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

suant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ement 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.	
he name of the corporation: NORTHLAKE VILLAGE VI CONDOMINIUM ASSOCIATION, INC.	
he principal office address: 2180 W SR 434 STE 5000	
LONGWOOD FL 32779-5044	
he mailing address (if different):	
Pate of incorporation/qualification: 04/22/1986 Document number: N14523	
he name and street address of the current registered agent and registered office on file with the lorida Department of State:	
FERRARA, WILLIAM G	
753 SOUTH RANGER BOULEVARD	2 2 -
WINTER PARK FL 32792-4527	圣二
he name and street address of the new registered agent (if changed) and /or registered office f changed):	OR JAN 18 PH 12: 28
JAMES W HART JR 'SE	28
2180 W SR 434 STE 5000	
(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	
street address of its registered office and the street address of the business office of its registered agent, hanged will be identical.	
h change was authorized by resolution duly adopted by its board of directors or by an officer so orized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer or director) reby accept the appointment as registered agent and agree to act in this capacity. ther agree to comply with the provisions of all statutes relative to the proper and complete performance y duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ament is being filed merely to reflect a change in the registered office address, I hereby confirm that the poration has been notified in writing of this change.	;
(Signature of Registered Agent) (Date)	
gning on behalf of an entity:	
MES 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)