N25492

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE FLORIDA

THE THAR 0.1 2006.

COVER LETTER

TO: Amendment S Division of Co	ection orporations	•
_{SUBJECT:} Sugar	Mill Homeowners Ass (Name of C	Sociation, Inc.
DOCUMENT NUMI	BER: N25492	
The enclosed Statemer	at of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matte	r to the following:
	Paul Henry	
	(Name of Co	ntact Person)
******	Sugar Mill Homeow (Firm/C	ners Association, Inc
·	3069 Cross Creek C	t
	(Add	ress)
	St. Cloud, FL 34769-	
Fan Gardhan ia Garaa at a	(City/State ar	• •
FOR TURLIEF INFORMATION	n concerning this matter, please	call:
Paul Henry	of Contact Person)	at (407) 891-0636 (Area Code & Daytime Telephone Number)
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 c	heck made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

TO:

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

-	•	17.0502, 607.1508, or 617.1508, Flor organized under the laws of the State	
in order to cha	nge its registered office or i	registered agent, or both, in the State	of Florida.
1. The name of the corpo	oration: Sugar Mill Home	eowners Association, Inc.	
2. The principal office a	ddress: 3069 Cross Cre	eek Ct., St. Cloud, FL 34769-19	998
3. The mailing address (if different): 4000 Sugar	r Mill Lane, St. Cloud, FL 3476	69
4. Date of incorporation	qualification:	Document number: N25	5492
5. The name and street a Florida Department of		ered agent and registered office on file	e with the
John	Manning		
<u>246 l</u>	Mill Pond Dr.		
Saint	Cloud, FL 34769		
6. The name and street a (if changed):	ddress of the new registered	d agent (if changed) and /or registered	
Lee	Jay Colling, Esquir	re	06 FI
52	9 Versailles (P.O. Box NOT acco	: Dr. S/103	FIL REJARS
Ma	itland, FL	eptable) ^ = 32751	YEST OF THE PERSON OF THE PERS
The street address of its as changed will be ident	registered office and the sical.	street address of the business office	of its frestered agent,
Such change was author authorized by the board	ized by resolution duly ad or the corporation has be	dopted by its board of directors or by en notified in writing of the change.	y an officer so
Signature of an oil	ficer or director)	PAUL W. HENRY T	PRESIDENT and title)
I hereby accept the appo I further agree to compl of my duties, and I am fo document is being filed corporation has been no	pintment as registered age y with the provisions of al- amiliar with and accept th merely to reflect a change yeived in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and te obligation of my position as regist in the registered office address, I he ange.	complete performance tered agent. Or, if this ereby confirm that the
See Squature of R	cgistered Agent)	2/14/0((Date)	P
If signing on behalf of a	a entity:		
(Timed on Pri	ated Many a		

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