## N27885

## Sentry Management<sub>ing</sub>

2180 State Road 434 W SUITE 5000 Longwood FL 32779-5044

SM1 018

(City/State/Zip/Phone	#)
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(Business Entity Name)

(Document Number)

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TALLANASSEE, FLORIDA

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ISLAND PARK VILLAGE SECTION V, PART I, CONDOMINIUM ASSOCIATION, INC
2. The principal	office address: 2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 08/16/1988 Document number: N27885
5. The name and	d street address of the current registered agent and registered office on file with the rement of State:  TEAGUE, GEORGE  8270 COLLEGE PARKWAY, SUITE 103  FORT MYERS FL 33919  d street address of the new registered agent (if changed) and /or registered office
	TEAGUE, GEORGE
	8270 COLLEGE PARKWAY, SUITE 103
	FORT MYERS FL 33919
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	JAMES W HART JR
	2180 W SR 434 STE 5000
	(P.O. Box NOT acceptable)
	LONGWOOD FL 32779-5044
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so me board, or the corporation has been notified in writing of the change.
- // Signati	Volker MEDNER  (Printed or typed name and title)
<i>u /</i> · -	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance  d I am familiar with and accept the obligation of my position as registered agent. Or, if this  ng filed merely to reflect a change in the registered office address, I hereby confirm that the  s been notified in writing of this change.
(Si	gnature of Registered Agent) / (Date)
	half of an entity:
JAMES W I	
(1	Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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