| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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R.A. Change TB

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: Bent Oaks Community Association, Inc. (Name of Corporation) | | | | |
| DOCUMENT NUMBER: N34916 | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Morris W. Goodwin | | | | |
| (Name of Contact Person) | | | | |
| TJW Management Co., Inc. | | | | |
| (Firm/Company) | | | | |
| 150 Dundee Rd | | | | |
| (Address) | | | | |
| Daytona Beach Shores, FL 32118 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Morris W. Goodwin (Name of Contact Person) at (386) 788-4546 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department 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 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

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

| statement of cha | nge is submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ egistered agent, or both, in the State of Fi | FLORIDA | |
|--|---|---|--|--|
| 1. The name of t | he corporation: <u>Bent Oaks Co</u> | mmunity Association, Inc. | | |
| 2. The principal | office address: 150 Dundee R | d, Daytona Beach Shores, FI | 32118 | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification 41989 | Document number: <u>N3491</u> | 6 | |
| 5. The name and | | red agent and registered office on file wit | h the | |
| | James W. Hart, Jr. | | - | |
| | C/O Sentry Management Inc, | | | |
| | 2180 West SR 434, Sui | te 5000, Longwood, FL 32779 | SECR ALLA | |
| 6. The name and (if changed): | street address of the new registered | l agent (if changed) and /or registered offi | SE C | |
| | Morris W. Goodwin | | OF S. | |
| | 150 Dundee Rd | | AM 11: 09 OF STATE E. FLORID | |
| | (P.O. Box NOT acce | | 7 | |
| | Daytona Beach Shores, 1 | FL 32118 | - | |
| The street addre as changed will | ess of its registered office and the sibe identical. | treet address of the business office of its | s registered agent, | |
| Such change wa authorized by th Signan | as authorized by resolution duly ad the board, or the corporation has been the of an officer or director) | lopted by its board of directors or by an en notified in writing of the change. Spian W. Whendyah (Printed or typed name and to | PRESIDENT | |
| I hereby accept I further agree t | o comply with the provisions of all | nt and agree to act in this capacity. I statutes relative to the proper and com e obligation of my position as registered in the registered office address, I hereb ange. | plete performance I agent. Or, if this by confirm that the | |
| Morin | Goodeva | August 14, 2008 | | |
| (Sig | nature of Registered Agent) | (Date) | | |
| lf signing on bel | half of an entity: | | | |
| TJW Managen | ment Co., Inc. | | | |
| (T | yped 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 * * *