## · N39447

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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12/23/05/-01034--005 \*\*35.00

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

Pursuant to the	provisions of s	sections 607.0502,	617.0502, 60	7.1508, or 617.	1508, Florida Sta	tutes,
this statement of	change is subn in order	sections 607.0502, nitted for a corpora to change its regist ARBOR HILLS CO	tion organize tered office o	d under the law: r registered age	s of the State of	500
of Florida.	in order	io crange im regio	erea ogree o	regimered age	ni, or boin, in in	
1. The name of t	he corporation:	ARBOR HILLS CO	A YTINUMMC	SSOCIATION, I	NC.	ري م
2. The principal	office address:	2180 W SR 434	STE 5000			· 3
·	·—————————————————————————————————————	LONGWOOD FL 3	2779-5044			
3. The mailing a	ddress (if differ	ent):		<u> </u>		<u> </u>
4. Date of incorp	oration/qualific	eation: 08/10/199	00	Pocument numbe	er: N39447	
5. The name and Florida Depart		of the current regist	ered agent an	d registered offic	ce on file with the	
_		PFAUSER, MARGO	A			
		225 S WESTMON	TE DR STE	3310		
		ALTAMONTE SPR	INGS FL 32	714		
6. The name and changed):	l street address	of the new regist	ered agent (is	f changed) and	or registered office	ce (if
<u> </u>	JAMES	W HART JR			<del></del>	
	SENTRY	MANAGEMENT IN	_	**	<u> </u>	
_	2180 W LONGWO	(P.O. Box or personal m SR 434 STE 50 OD FL 32779-5		able)		
		red office and the s cal.				
76	مدواف	resolution duly ad corporation has bee				
Signature of an officer,	chairman or vice chair	man of the board)	DIANE	rinted or typed name an	MER, PREIDE	41
I hereby accept t I further agree to performance of n registered agent office address, I	he appointmen o comply with t ny duties, and l Or, if this doc hereby confirm	t as registered age, he provisions of all I am familiar with ( cument is being file I that the corporati	nt and agree I statutes rela and accept th ed merely to r on has been i	to act in this cap tive to the prop e obligation of i reflect a change notified in writin	pacity. er and complete my position as in the registered ag of this change.	
(Sio	hature of Registered /	(cent)		-12/13/05	<u> </u>	į.
f signing on behalf	•	····/		(2.14)	* .	
JAMES W HA				PRESIDE	NT	
	ped or Printed Name)	<del>-,</del> *	<del></del>	(Capacity)	(A.I.A	

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