N49441

SENTRY Management INC. 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 HIUQOU-D (City/State/Zip/Phone #)				
PICK-UP	_	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			

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09/26/07--01024--019 **35.00

2007 SEP 26 PM 2: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED 2007 SEP 26 PM 2: 19

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

Pursuant to the provisions of sectio statement of change is submitted for in order to change its region.	r a corporation organi		FLORIDA
1. The name of the corporation: DE	BARY WOODS HOM	EOWNERS ASSOCIATION, INC.	
2. The principal office address: 218	30 W SR 434 STE	5000	
LO	NGWOOD FL 32	779-5044	
3. The mailing address (if different)	:		
4. Date of incorporation/qualification	on: 06/18/1992	Document number:	· N49441
5. The name and street address of the Florida Department of State:	ne current registered ag	gent and registered office on file wit	h the
GIGANTINO, E	BETTY		_
27 S US HWY	17-92		
DEBARY FL 32	2713-3172		TALL TALL
6. The name and street address of the (if changed):	ne new registered agen	t (if changed) and /or registered offi	FILE PA 2: 2001 SEP 26 PM 2: TALLAHASSEE. FLOT
JAMES W H	IART JR		一
2180 W SR	434 STE 5000		2: 19 LORIE
LONGWOO	(P.O. Box NOT acceptable) D FL 32779-50		P
The street address of its registered as changed will be identical. Such change was authorized by reauthorized by the board, or the cor	office and the street a	address of the business office of its	
(Signature of an officer or directo	gu	(Printed or typed name and t	TREAS
I hereby accept the appointment as I further agree to comply with the of my duties, and I am familiar will document is being filed merely to a corporation has been notified in w	s registered agent and provisions of all statu h and accept the obli reflect a change in the riting of this change.	l agree to act in this capacity. Ites relative to the proper and com gation of my position as registered e registered office address, I hereb	plete performance 1 agent. Or, if this ny confirm that the
		9/17/07	<u>, , , , , , , , , , , , , , , , , , , </u>
(Signature of Registered Age If signing on behalf of an entity:	nt) /	(Date)	-
JAMES W HART JR (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 * * *

CR2E045 (8/05)