N94000004525

2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 127000-S (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer: Office Use Only



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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 t	the corporation: SUNCREST VILLAS PHASE 2 HOMEOWNERS 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 incorp	poration/qualification: 09/12/1994 Document number: N94000004525	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	JORDAN, BRETT	-
	882 JACKSON AVE	
	WINTER PARK FL 32789	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	į
	JAMES W HART JR	
	2180 W SR 434 STE 5000	
	(P.O. Box NOT acceptable)	
	LONGWOOD FL 32779-5044	
The street addre	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change we authorized by if	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
/ (Signatur	ure (I an officer of director) Frank Hommon - Presiden 7 (Printed or typed name and title)	1
-	t 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 and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
(Sig	gnature of Registered Agent) (Date)	
	chalf of an entity:	
JAMES W H	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 CR2E045 (8/05)

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