N96000004305

(Requestor's Name)	
(Address)	_
(Address)	_
(tauress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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SECRETARY OF STATE
ALL AHASSEF FLORING

Or of Or Or

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

	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 oferror to change its registered office or registered agent, or both, in the State of Florida.
in oraș	er to change its registerea office or registerea agent, or oom, in the state of Florida.
1. The name of	the corporation: Woodbury Park Homeowners Association, Inc.
2. The principal	office address: c/o Hara Management, Inc
118 N. W	more Road Winter Park, FL 32789
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 08-19-1996 Document number: N96000004305
5. The name an	d street address of the current registered agent and registered office on file with the rtment of State:
·	Amanda M. Vander Vliet
	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 SA S
	Robert Hara
	c/o Hara Management, Inc
	(P.O. Box NOT acceptable)
	118 N. Wymore Road Winter Park, FL 32789
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.
Such change wanthorized by the	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.
	mey Kendrich Tiffeney Kendrich ure of an Othicer or director) (Printed or typod name and title)
I hereby decept I further agree of my duties, ar document is be corporation has	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 ad 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.
Au	7-25-06
(Si	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
	
(7	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 * * *