N9800002093

nacement_{inc.} 2180 State Road 434 W Ste 5000 Longwood FL 32779-5044 Magnolia Terr-Sirbou (Unity/State/Lip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer:





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

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Report St.

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State	
of Florida.	
1. The name of the corporation: MAGNOLIA TERRACE HOMEOWNERS ASSOCIATION OF ST. CLOUD,	INC
2. The principal office address: 2180 W SR 434 STE 5000	_
LONGWOOD FL 32779-5044	_
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 04/10/1998 Document number: N98000002093	
5. The name and street address of the current registered agent and registered office on file with the	E
Florids Department of State:	}
MONROE, JOHN W JR	المورز الم
30 SOUTH SPRING	1 3 C
PENSACOLA, FL 32501	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
JAMES W HART JR	
SENTRY MANAGEMENT INC (P.O. Box or personal multipox NOT acceptable)	
2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so subspirited by the board, or the corporation has been notified in writing of the change.	
(Signature of an original, Malminian or vice chairman of the board) (Signature of an original, Malminian or vice chairman of the board)	
I hereby acked the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
11/18/03	
(Signature of Registered Agent) To deal of the first and	
If signing on behalf of an entity: JAMES W HART JR Agent PRESIDENT	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314