

N99080001975

**SENTRY  
MANAGEMENT** INC.

2180 W State Road 434 Ste 5000  
Longwood FL 32779-5044

910690-L

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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03/29/07--01025--022 \*\*35.00

07 MAR 29 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*B.A. Charge*

G. Coultier MAR 30 2007

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

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: LOUISA POINTE HOMEOWNER'S ASSOCIATION, 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: 03/29/1999 Document number: N99000001975

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FLORIDA ASSOCIATION MANAGEMENT, INC.  
4327 S HIGHWAY 27 #314  
CLERMONT FL 34711

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES W HART JR  
2180 W SR 434 STE 5000  
(P.O. Box NOT acceptable)  
LONGWOOD FL 32779-5044

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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 authorized by the board, or the corporation has been notified in writing of the change.

Tami Darby Pres  
(Signature of an officer or director)

Tami Darby Pres  
(Printed or typed name and title)

*I hereby accept 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.*

[Signature]  
(Signature of Registered Agent)

3/16/07  
(Date)

If signing on behalf of an entity:

JAMES W HART JR  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314