## 754119

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(Rec	juestor's Name)			
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(City/State/Zip/Phone #)				
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TARY OF STATE
ASSEE, FLORIDA

Resign.

14-08

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC	CT: Bay Hill Village Club Condominiun	n Association, Inc
	(Name of Corporation	on)
DOCUM	1ENT NUMBER: 754119	
The encl	osed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please re	turn all correspondence concerning this matter to the	e following:
	Jo Ortiz	
	(Name of Person)	
	Sentry Managemenet, Inc.	
	(Name of Firm/Company)	
	2180 W. State Road 434, Suite 5000	
	(Address)	
	Longwood, Fl 32779-5044	
	(City/State and Zip Code)	
For furth	ner information concerning this matter, please call:	
	Jo Ortiz at (407	788-6700 ext. 227
	(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509	, or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Age	
hereby resigns as Registered Agent for	Bay Hill Village Club Condomir	nium Association, Inc.
	(Name of Corporation)	
754119		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed t	o the above listed corporation at its	last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after	the date on which
——————————————————————————————————————	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Se	ntry Management, Inc.	08 SEC
	Typed or Printed Name)	AHAA
	President	13 A NRY C SSEE
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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