755696

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIO;

R.A. Resig

C.COULLIETTE

APR 17 2009

EXAMINER

COVER LETTER

TO:	Division of Corporations	
SUBJ	ECT: East Lake Woodlands Cluster Homes Imp	rovement Assn. Unit Five, Inc.
	(Name of Corporat	on)
DOC	UMENT NUMBER: 755696	
The e	nclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	ne following:
	les Paladine, Central Sandage Supervisor	
	Joe Paladino, Central Services Supervisor	
	(Name of Person)	
	Sentry Managemenet, Inc.	
	(Name of Firm/Company)	
	2180 W. State Road 434, Suite 5000	
	(Address)	
	Longwood, FI 32779-5044	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
	Joe Paladino 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.15	509,	
Florida Statutes, the undersigned,	Statutes, the undersigned, James W. Hart, Jr.		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	East Lake Woodlands Cluster Homes Improvement Assn. (Name of Corporation)		
755696	Unit Five, Inc.		
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last know	n address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date or	n which	
If signing on behalf of an entity:	gnature of Resigning Agent)		
Ser	ntry Management, Inc.		
(°	Typed or Printed Name)	4.	
	President	09 AP	
	(Capacity)	APR 16 AM	
\$87.50 - Acti	g this document: ive corporation ministratively dissolved/voluntarily dissolved	9:58 9:58	

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

withdrawn corporation