761515

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Amendment Section Division of Corporations

 $\mathbf{SUBJECT}$: WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION TWELVE, ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: 761815 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAE ANN PARKER, RECORDS ADMINISTRATOR (Name of Person) Sentry Management, Inc. (Name of Firm/Company) 2180 W. State Road 434, Suite 5000 (Address) Longwood, FL 32779-5044 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 788-6700 ext. 22300 (Area Code & Daytime Telephone Number) RAE ANN PARKER (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1	CREA	2 HAR	T
Florida Statutes, the undersigned,	SENTRY MANAGEMENT	ME	21	<u></u>
-	(Name of Registered Agent)	<u> </u>	*	[7]
hereby resigns as Registered Agent for	WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION	TWE VE	so	CATION, INC.
	(Name e	±f G orp	orcation	1)
761815				
(Document Number, if known)				
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date of the of Resource Agent)			
If signing on behalf of an entity:				
Bradley Pomp, on	behalf of, Sentry Management, Inc.			
(Typed or Printed Name)			
	President			

Fee for filing this document:

(Capacity)

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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