NO4000004185

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2024 FEB 27 PM 2: 10
SECRETARY OF STATE

Ra Risignation

MAR 1 9 2024 D CUSHING

COVER LETTER

Date: 02/09/2024

Amendment Section Division of Corporations TO:

SUBJECT: CHAUTAUQUA LAKE ESTATES PI (Name of Corporate	
DOCUMENT NUMBER: N04000004185	
The enclosed 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:
Darline Mendoza	
(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)	2024 SEC
For further information concerning this matter, please call:	2024 FEB 2 SECKE 12 TALLA
Darline Mendoza, Customer Experience at (407	788-6700 ext. 28115
	& Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departmen or \$35.00 for an administratively dissolved, voluntarily diss	t of State for \$87.50 for an active corporation olved or withdrawn corporation: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 6	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509、
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	CHAUTAUQUA LAKE ESTATES PROPERTY	OWNERS ASSOCIATION IN
nervoy realistic as registered rigent for	(Nai	me of Corporation)
N04000004185		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last k	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the da	te on which
(Si	gnature of Resigning Agent)	_
If signing on behalf of an entity:		
Bradley Pomp, or	behalf of, Sentry Management, Inc.	FIL 2024 FEB 27 SECRETARY
	Typed or Printed Name)	
	President	LE CONTRACTOR
	(Capacity)	ST 2:

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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