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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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2016 MAR IT P 12: C SEGRETARY OF STATE ALLAHASSEE, FEGRE

T. A. PARIEUX

COVER LETTER

HARTWOOD DECEDVE HOMEOWNEDGLAD	DOGIATION INC
SUBJECT: HARTWOOD RESERVE HOMEOWNERS' ASS (Name of Corporation)	SOCIATION INC
• • •	
DOCUMENT NUMBER: N05000002836	
The enclosed Resignation of Registered Agent for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fol	llowing:
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:	
NICHOLAS REED at (407) 78	88-6700 ext. 44601
	ytime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	HART, JAMES W, JR	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	HARTWOOD RESERVE HOMEOWNERS' ASSOCIATIO (Name of Corporation)	
N05000002836		
(Document Number, if known)		
A copy of this resignation was mailed to	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
	4	
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Sen	ntry Management, Inc.	
(7	Typed or Printed Name)	
	President Presid	
	President (Capacity) g this document: iive corporation ministratively dissolved/voluntarily dissolved/	
\$87.50 - Acti	g this document: ive corporation ministratively dissolved/voluntarily dissolved/	

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

withdrawn corporation