9300000/99

(Re	equestor's Name)			
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COVER LETTER

Division of Corporati	ons	
SUBJECT:Vi	sta Royale Homeowners' Association, Inc.	
	(Name of Corporation)	-
DOCUMENT NUMBER:_	N9300001999	_
The enclosed Resignation of	Registered Agent for a Corporation and fee are submitted fo	r filing.
Please return all corresponde	nce concerning this matter to the following:	
Joe Paladino, Rec	ords Administrator	
(Name	of Person)	
Sentry Mar	nagement, Inc.	
(Name of F	irm/Company)	
2180 W. State R	oad 434, Suite 5000	
(Ad	dress)	
Longwood, I	FL 32779-5044	
(City/State	and Zip Code)	
For further information conce	erning this matter, please call:	
Joe Paladir	at (407) 788-6700 ext. 227	
(Name of Perso	on) (Area Code & Daytime Telephone Number)	ī

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

Amendment Section

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

	N OF REGISTERED AGENT A CORPORATION 7.0502(2), 617.0502(2), 607.1509, or 6	FILED ZOID DEC 20 P 1: OL TALLAHASSEE FLOSTE
Pursuant to the provisions of sections of	7.0302(2), 617.0302(2), 607.1309, 61 6	117.1309 , \mathcal{O}_{R}
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for _	Vista Royale Homeowners' Association (Name of Corporation)	ciation, Inc,
N9300001999		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last l	known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

•	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
	Sentry Management, Inc.	
	(Typed or Printed Name)	
	President	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)