N9600000838

(Ře	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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RA Resign New 15 12-20-10

COVER LETTER

(Name of Corporation) N96000000838 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: Joe Paladino, 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:	SUBJECT:	Cardinal Glen Homeowner	s Association, Inc.
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: Joe Paladino, 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)		(Name of Corpo	ration)
Please return all correspondence concerning this matter to the following: Joe Paladino, 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)	DOCUMENT NUMBI	ER:N96000000	338
Joe Paladino, 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)	The enclosed Resignation	on of Registered Agent for a Corp	oration and fee are submitted for filing.
(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)	Please return all corresp	ondence concerning this matter to	the following:
Sentry Management, Inc. (Name of Firm/Company) 2180 W. State Road 434, Suite 5000 (Address) Longwood, FL 32779-5044 (City/State and Zip Code)	Joe Paladino,	, Records Administrator	
(Name of Firm/Company) 2180 W. State Road 434, Suite 5000 (Address) Longwood, FL 32779-5044 (City/State and Zip Code)	(!)	Name of Person)	_
2180 W. State Road 434, Suite 5000 (Address) Longwood, FL 32779-5044 (City/State and Zip Code)	Sentry	/ Management, Inc.	
(Address) Longwood, FL 32779-5044 (City/State and Zip Code)	(Nam	e of Firm/Company)	
Longwood, FL 32779-5044 (City/State and Zip Code)	2180 W. Sta	ate Road 434, Suite 5000	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	(Address)	_
	Longwo	ood, FL 32779-5044	
For further information concerning this matter, please call:	(City/	State and Zip Code)	_
•	For further information	concerning this matter, please cal	l :
Joe Paladino at (407) 788-6700 ext. 227	Joe Pa	aladino at (407) 788-6700 ext. 227
(Name of Person) (Area Code & Daytime Telephone Number)	(Name of	Person) (Area Co	de & 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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ON OF REGISTERED AGENT R A CORPORATION 607.0502(2), 617.0502(2), 607.1509, or 617.1509, James W. Hart, Jr.
Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for	Cardinal Glen Homeowners Association, Inc (Name of Corporation)
N96000000838	
(Document Number, if known)	
A copy of this resignation was mailed	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
	ignature of Resigning Agent)
If signing on behalf of an entity:	
Se	entry Management, Inc.
	(Typed or Printed Name)
	President
	(Capacity)

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