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COVER LETTER

| SOBJEC | CT: Daniels Crossing Homeowners Association, Inc (Name of Corporation) |
|-------------|---|
| DOCUM | MENT NUMBER: N96000004040 |
| | osed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| | eturn all correspondence concerning this matter to the following: |
| ricase ic | sturn an correspondence concerning this matter to the following. |
| . Ch | nristina Carvalho, Administrative Assistant |
| | (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 furth | er information concerning this matter, please call: |
| | Christina Carvalho at (407) 788-6700 ext. 236 |
| | (Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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



RESIGNATION OF REGISTERED AGEN® DEC 24 PM 4: 02

| Pursuant to the provisions of sections of | 07.0502(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 | Daniels Crossing Homeowners Association, Inc. |
| , , , | (Name of Corporation) |
| N96000004040 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which |
| (Si | gnature of Resigning Agent) |
| If signing on behalf of an entity: | |
| Sel | ntry 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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