N94000005934

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DIVISION OF CORPORATIONS

RARES/08

COVER LETTER

TO:	Amendment Section Division of Corporations
SHR	JECT: L.S. of Parker Lakes Neighborhood Association, Inc.
505	(Name of Corporation)
DOC	CUMENT NUMBER:_ N96000005934
The 6	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
Chi	ristina 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 f	further information concerning this matter, please call:
i.	Christina Carvalho at (407) 788-6700 ext. 236 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encloor \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ame Divis Clifto 2661	et Address: Indment Section Sion of Corporations On Building Executive Center Circle hassee, 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 60	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 L.S. of Parker Lakes Neighborhood Association, Inc.				
	(Name of Corporation)			
N96000005934				
(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 discontinued on the 31st day after the date on which this statement is filed.				
(Sig	gnature of Resigning Agent)			
If signing on behalf of an entity:				
, James W.	. Hart Jr. Sentry Management, Inc.	SECRETARY CONVISION OF CONVISIO		
	Typed or Printed Name)	G SFR		
	President	PM		
	(Capacity)	ATE VIIONS		
		S O		

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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