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SCITIONA Mana 2180 W State F Longwood FL 500410	Road 434 Ste : 32779-5044	5000
(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificate	s of Status
Special instructions to	Eiling Officer	
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resignation

02/16/07--01010--018 **87.50

FILED 2001 FEB 16 AH 9: 13 SEPRETARY OF STATE

12001 2001

COVER LETTER

10:	Division of Corporations			
SHR.	JECT: Osprey Cove (Orange County) Homeo	wners Association, Inc.	
SCD		(Name of Corporation	n)	2007
DOC	UMENT NUMBER:	N9700000	6347	
The e	nclosed Resignation of Regis	tered Agent for a Corporat	ion and fee are submitted for filin	g.
Please	e return all correspondence co	oncerning this matter to the	following:	
	Jo Ortiz, Records A	dministrator		
	(Name of Per	son)	en e	•
	Sentry Manager	menet, Inc.		
	(Name of Firm/Co	ompany)	· 	· w.
	2180 W. State Road	134, Suite 5000		
	(Address)		e ₹2 cm in tide in the extra the ex	
	Longwood, FI 327	779-5044		
	(City/State and Zi	p Code)	+1v∓	-
For fi	ırther information concerning	this matter, please call:		
	Jo Ortiz	at (407)	788-6700 ext. 227	
	(Name of Person)	(Area Code &	¿ Daytime Telephone Number)	
Enclo or \$3:	sed is a check made payable to 5.00 for an administratively d	to the Florida Department of issolved, voluntarily dissol	of State for \$87.50 for an active coved or withdrawn corporation.	orporation
Amer Divisi Clifto 2661	t Address: adment Section ion of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	.	

FILED

RESIGNATION OF REGISTERED AND 16 AM 9: 13 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE.FLORIDA

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.
, <u> </u>	(Name of Registered Agent)
hereby resigns as Registered Agent for	Osprey Cove (Orange County) Homeowners Association,
	(Name of Corporation)
N9700006347	Inc.
(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.	discontinued on the 31st day after the date on which
(Sig	enature of Resigning Agent)
If signing on behalf of an entity:	
Sen	atry Management, Inc.
(7	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)