(Requestor's Name)		
(Ad	ldress)	
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		·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D.,	ninaa Eutibi Man	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to Filing Officer:		

Office Use Only





03/01/07--01038--005 **87.50

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Heritage Pines Condominium	m Association, Inc.	
(1)	ame of Corporation)	
DOCUMENT NUMBER: 754329		
The enclosed Resignation of Registered Age	ent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Jo Ortiz, Records Administra	ator	
(Name of Person)		
Sentry Managemenet, Ir	IC.	
(Name of Firm/Company)		
2180 W. State Road 434, Suit	e 5000	
(Address)		
Longwood, FI 32779-504	1	
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Jo Ortiz	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Floor \$35.00 for an administratively dissolved,	rida Department of State for \$87.50 for an active corporation voluntarily dissolved or withdrawn corporation.	
	A 11	
Street Address: Mailin Amendment Section Amend	g Address:	
Division of Corporations Division	on of Corporations office Box 6327	
Division of Corporations Clifton Building 2661 Executive Center Circle Division Post C Tallaha	office Box 6327	
Tallahassee, FL 32301	assee, FL 32314	

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	John A Hagerty
. 101.00 5.00.005, 110 01.0075.5.100,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Heritage Pines Condominium Association, Inc. (Name of Corporation)
754329	
(Document Number, if known)	_
.,	to the above listed corporation at its last known address. e discontinued on the 31st day after the date on which
	ignature of Resigning Agent)
If signing on behalf of an entity:	
Se	ntry Management, Inc.
	(Typed or Printed Name)
	District Manager
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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