## N05000007603

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	:
		1

Office Use Only



600098826186

04/30/07--01026--015 \*\*87.50

O7 APR 30 PH 3: 35
SECRETARY OF STATE
ALL AHASSEF FLORING

Jo. 90, 01

## **COVER LETTER**

SUBJECT: Wy	ndham Lakes Estates Homeowners Association, Inc.
SCECTION.	(Name of Corporation)
DOCUMENT NUMBE	CR: N05000007603
The enclosed Resignation	on of Registered Agent for a Corporation and fee are submitted for filing
Please return all corresponder	ondence concerning this matter to the following:
Jo Ortiz, F	Records Administrator
(1)	Name of Person)
Sentry	Managemenet, Inc.
(Name	e of Firm/Company)
2180 W. Sta	ate Road 434, Suite 5000
	(Address)
Longwo	od, FI 32779-5044
(City/	State and Zip Code)
For further information of	concerning this matter, please call:
Jo O	rtiz at ( 407 ) 788-6700 ext. 227 Person) (Area Code & Daytime Telephone Number)
(Name of	Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

100

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 6	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	Wyndham Lakes Estates Homeowners Association, Inc. (Name of Corporation)	
N0500007603		
(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 o	date on which
If signing on behalf of an entity:	gnature of Resigning Agent)	FIL 07 APR 30 SECRETARY TALLAHASSE
Sec	ntry Management, Inc.	# 19 M
(	Typed or Printed Name)	D 3: 35
	President	Su Q
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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