N05000001533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Palmetto Ridge Schopke Homeowners Association, Inc.
(Name of Corporation)

**DOCUMENT NUMBER:** N05000001533

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina 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 further 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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(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 Palmetto Ridge Schopke Homeowners Association, Inc.
(Name of Corporation)

N05000001533
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

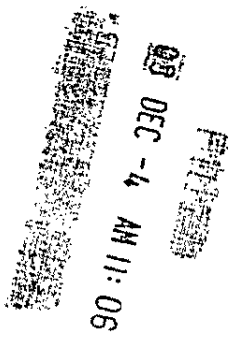
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Sentry 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**