## 734952

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	re)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





800166273018

01/21/10--01019--025 \*\*87.50

2010 JAN 21 PH 12: 39

R.A. Resign.

B JAN 25 2010

## **COVER LETTER**

Division of Corporations	
SUBJECT: The Villas at Indian River Property Ow	ners Association, Inc.
· (Name of Corpora	tion)
DOCUMENT NUMBER: 734952	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Joe Paladino, Records Administrator	
(Name of Person)	<del>-</del> .
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:	
Joe Paladino at ( 407	788-6700 ext. 227
(Name of Person) (Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	FILED
ZOIOJA	V21 ED
TALLAHAS	RY OF ST
17.1509,	RY OF STATE SEE. FLORIDS

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	CORIDA
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for	The Villas at Indian River Property Owners Ass (Name of Corporation)	sociation, Inc.
734952		
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed to	o the above listed corporation at its last known address	ss.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
_	4	
(Si <sub>l</sub>	gnature of Resigning Agent)	
If signing on behalf of an entity:	_	
Ser	ntry 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