752368

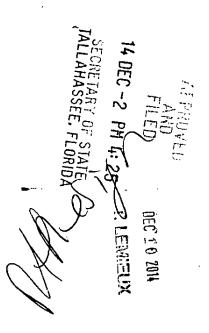
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Office Use Only



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COVER LETTER

Division of Corporations SUBJECT: PELICAN LANDING CONDOMINIUM ASSOCIATION OF CHARLOTTE COUNTY INC. (Name of Corporation) DOCUMENT NUMBER: 752368 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: NICHOLAS REED, RECORDS ADMINISTRATOR (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: NICHOLAS REED at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Numbe) (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections of | 507.0502(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 | PELICAN LANDING CONDOMICHARLOTTERGOLINGS (CONDOMICHAE) | NIUM ASSOCIATION OF |
| 752368 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed | to the above listed corporation at its la | ast known address. |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after th | ne date on which |
| (S | ignature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| Se | ntry Management, Inc. | TAI S |
| | (Typed or Printed Name) | FOEC |
| | President | FILE FILE FARY ASSE |
| | (Capacity) | PM 4: 2 |

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