754584

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(Add	dress)	<u>.</u>	
. (Add	dress)		
(City	y/State/Zip/Phone	e #)	
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R.A. Resign.

1B. 1-5-11

COVER LETTER

UBJECT: Forest Lake Condominium Association, Inc.			ociation, Inc.
	(Name of	f Corporation)
DOCUMENT NUMBER	:75	4584	
The enclosed Resignation	of Registered Agent for	a Corporation	on and fee are submitted for filing.
Please return all correspor	dence concerning this m	natter to the	following:
Joe Paladino, R	ecords Administrator		
(Na	me of Person)		
Sentry N	Management, Inc.		
(Name o	f Firm/Company)		•
2180 W. State	e Road 434, Suite 500	0	
	(Address)		
Longwoo	d, FL 32779-5044		
(City/St	ate and Zip Code)		
For further information co	ncerning this matter, ple	ase call:	
Joe Pala	at (407	788-6700 ext. 227
(Name of P	erson) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section Division of Corporations

TO:

Mailing Address:

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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	FI
1	2010 DED
	ON OF REGISTERED AGENT ALLAHASSEE. FLORIDA 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
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	Forest Lake Condominium Association, Inc. (Name of Corporation)
754584	
(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 this statement is filed.	e discontinued on the 31st day after the date on which
<u> </u>	ignature of Resigning Agent)
If signing on behalf of an entity:	
Se	entry 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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