(Rec	juestor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

Division of Corporati	ons			
SUBJECT: Hol	iday Harbors Con	dominium	Association, Inc.	
·	(Name	of Corporati	on)	•
DOCUMENT NUMBER:_		756262	· · · · · · · · · · · · · · · · · · ·	
The enclosed Resignation of	Registered Agent fo	or a Corpora	ation and fee are sul	omitted for filing.
Please return all corresponde	nce concerning this	matter to th	ne following:	
Joe Paladino, Cen	tral Services Sup	ervisor		
	of Person)	 		
Sentry Mai	nagemenet, Inc.			* 1000
(Name of F	irm/Company)	richter werde Standard von Hill Herberter		
2180 W. State R	oad 434, Suite 50	000		
(Ac	ldress)		,	,
Longwood,	FI 32779-5044	••		
(City/State	and Zip Code)			
For further information conce	erning this matter, p	olease call:		
Joe Paladir	no at ((407) 788-6700 ext.	
(Name of Person		(Area Code	& Daytime Telephor	ie 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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 of	, , ,	or 617.1309,	
Florida Statutes, the undersigned,	James W. Hart, Jr.		
	(Name of Registered Agen		
hereby resigns as Registered Agent for	Holiday Harbors Condominium	Association, Inc.	
	(Name of Corporation)		
756262			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its l	ast known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the	ne date on which	
	4		
(Si	gnature of Resigning Agent)		
If signing on behalf of an entity:			
		_	
Sei	ntry Management, Inc.	ZUU9 MAY - SECRETAF TALLAHAS	
(Typed or Printed Name)	AR A	
		RETAR AHASS	
	President	SER -1	
	(Capacity)		
	(Supurity)	S S &	
		TATE ORID	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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