758484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900188790819

12/20/10--01018--007 **87.50

2010 DEC 20 P 1: 05
SECRETARY OF STATE
ASSEE, FLORIDA

RAResigo Thewis 12-20-10

COVER LETTER

SUBJECT: Harbor wo	oods Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER:	758484
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing
Please return all correspondence con	ocerning this matter to the following:
Joe Paladino, Records A	dministrator
(Name of Perso	on)
Sentry Managem	ent, Inc.
(Name of Firm/Con	npany)
2180 W. State Road 43	34, Suite 5000
(Address)	
Longwood, FL 327	79-5044
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Joe Paladino	at (407) 788-6700 ext. 227
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	FILE	'n
2010 1	$n \epsilon_{\alpha}$	
TALLAH,	TARY OF STAR	l: 0E
1509	- '*ln:	RY &

Pursuant to the provisions of sections 60	97.0502(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	Harbor Woods Condominium Association, Inc.
	(Name of Corporation)
758484	
(Document Number, if known)	-
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	nature of Resigning Agent)
Sen	try Management, Inc.
(T	yped 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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