758623

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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09/29/08--01022--025 **87.50

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SECRETARY OF STATE

RA Resign. 10/10/08

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: CHATEAU DE VILLE CONDOMINIUM ASSOCIATION, INC (Name of Corporation)
	, ,
DOC	JMENT NUMBER: 758623
Γhe er	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
(Christina Carvalho, Administrative Assistant
	(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 fu	rther information concerning this matter, please call:
	Christina Carvalho at (407) 788-6700 ext. 236 (Name of Person) (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, or 61	7.1309,
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	CHATEAU DE VILLE CONDOMINIU	<u>IM ASSOCIA</u> TION, INC
	(Name of Corporation)	
758623		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last kn	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	e on which
	gnature of Resigning Agent)	
If signing on behalf of an entity:		
	ntry Management, Inc.	Bos.
. (Typed or Printed Name)	70.00E-0 98 SEP
	President	P29
Fee for filin	(Capacity) og this document:	AH 8: 40
2 30 101 11111		

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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