## 758765

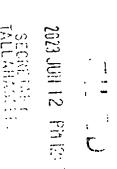
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE AUG - 1 2023	
AUG - 1 2023	

Office Use Only



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## **COVER LETTER**

Date: 05/31/2023

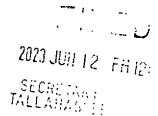
Division of Corporations	
SUBJECT: WINDWARD WAY CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)	
DOCUMENT NUMBER: 758765	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	
Please return all correspondence concerning this matter to the following:	
RAE ANN PARKER, 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:	
RAE ANN PARKER at (407) 788-6700 ext. 22300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC (Name of Registered Agent)
hereby resigns as Registered Agent for	WINDWARD WAY CONDOMINIUM ASSOCIATION, INC
	(Name of Corporation)
758765	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	
Bradley Pomp, or	n behalf of, Sentry 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