700448

(Re	equestor's Name)	
(Ac	ldress)	
	idress)	
(Ac	uress)	
(Cì	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	ısin ess Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
,	Office Use Only	,



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SECRETARY OF SAMII: 08

Ps 2/16/07

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Montgomery Woods Condominium Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 760448
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:
Jo Ortiz, Records Administrator
(Name of Person)
Sentry Managemenet, 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:
Jo Ortiz at (407) 788-6700 ext. 227 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

rursuant to the provisions of sections of	37.0302(2), 617.0302(2), 607.1309, 6r 617.1309,	
Florida Statutes, the undersigned,	James W Hart Jr	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Montgomery Woods Condominium Association, Inc.	
	(Name of Corporation)	
760448		
(Document Number, if known)	and the second of the second o	
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.	discontinued on the 31st day after the date on which	
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Sen	ntry Management, Inc.	
	Typed or Printed Name)	
	President	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)