770191

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
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COVER LETTER

Date: 10/02/2019

Amendment Section TO:

SUBJECT: TURNBERRY WOODS CONDOMINIUM ASSOCIAT (Name of Corporation)	
DOCUMENT NUMBER: 770191	
The enclosed Resignation of Registered Agent for a Corporation and fe	e are submitted for filing.
Please return all correspondence concerning this matter to the following	5
BROOKE CHAMNESS	ALL BOT ST
(Name of Person)	8
Sentry Management, Inc.	
(Name of Firm/Company)	
2180 W. State Road 434, Suite 5000	بالمين د. المجاهر ا
(Address)	, t
Longwood, FL 32779-5044	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
BROOKE CHAMNESS at (407) 788-67	00 ext. 44602
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



		10 %
	ON OF REGISTERED AGENT R A CORPORATION	
Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, o	r 617.1509,
Florida Statutes, the undersigned.	SENTRY MANAGEN (Name of Registered Agent)	MENT INC
hereby resigns as Registered Agent for	TURNBERRY WOODS CONDO	MINIUM ASSOCIATION, (Name of Corporation)
770191		
(Document Number, if known)		
A copy of this resignation was mailed t	to the above listed corporation at its la	st known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the	e date on which
	ignature of Resigning (Ligent)	— E131
If signing on behalf of an entity:	- 20	
Bradley Pomp, or	n behalf of, Sentry Management, Ir	no. His R
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

COVER LETTER



Division of Corporations SUBJECT: TURNBERRY WOODS CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: 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: **BROOKE CHAMNESS** (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: **BROOKE CHAMNESS** (Name of Person)

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:

TO:

Amendment Section

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 6	607.0502(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	TURNBERRY WOODS CONDOMINIUM ASSOCIATIO (Name of Corporation)		
	INC. (Name of Cor	poration)	
770191	•		
(Document Number, if known)		_	
A copy of this resignation was mailed t	to the above listed corporation at its last known ad	dress.	
this statement is filed.	se discontinued on the 31st day after the date on what was a state of the state of	niohis CT 3	
If signing on behalf of an entity:			
Bradley Pomp, o	on 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