(10000000632

(Re	questor's Name)		
(Ad	dress)		
bA)	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	<u> </u>		

Office Use Only



400215145144

12/19/11--01036--003 **87.50

SECRUTARY OF STATE



COVER LETTER

Division of Corporations	s
SUBJECT: Hampton Park La	akeside Townhomes Homeowners Association, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	N0000000632
The enclosed Resignation of Re	gistered Agent for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Joe Paladino, Record	ds Administrator
(Name of I	Person)
Sentry Manag	gement, Inc.
(Name of Firm	(Company)
2180 W. State Road	d 434, Suite 5000
(Addre	ess)
Longwood, FL	32779-5044
(City/State and	Zip Code)
For further information concerni	ing this matter, please call:
Joe Paladino	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Dartimo Tolonhono 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, 6F 617.1309,		
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)		
hereby resigns as Registered Agent for	Hampton Park Lakeside Townhomes Homeowners (Name of Corporation)	;	
N0000000632	Association, Inc.		
(Document Number, if known)			
A copy of this resignation was mailed to	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		
	gnature of Resigning Agent)	11 850	子
If signing on behalf of an entity:	ASS.	19	門記
Ser	ntry Management, Inc.	7	
(Typed or Printed Name)		g
·	President	1	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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