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(Re	questor's Name)	
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	y/State/Zip/Phone #	
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PICK-UP	☐ WAIT	MAIL
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(Dc	cument Number)	
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COVER LETTER

Date: 12/31/2019

TO: Amendment Section Division of Corporations
SUBJECT: CARDINAL POINTE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N0000000641
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil
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
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 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	CARDINAL POINTE HOMEOWNERS ASSOCIATION, INC (Name of Corporation)
N0000000641	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	WILS LYIE OF STATE
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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