N00000002066

(Re	equestor's Name)	
· (Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT:	Wyndham F	Palms Master Co	ommunity Ass	sociation, Inc.
		(Name of C	Corporation)	
DOCUMENT N	NUMBER:	N0000	0002066	
The enclosed Re	signation of Regis	tered Agent for a	Corporation ar	nd fee are submitted for filing.
Please return all	correspondence co	oncerning this ma	tter to the follo	wing:
Joe Pa	ladino, Records	Administrator		
	(Name of Per	son)	 	
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 infor	mation concerning	this matter, pleas	se call:	
	Joe Paladino Name of Person)			3-6700 ext. 227

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

F	
T TO DEC	
TALLAHASE	PO PM 2:50 YEE, FLORIDA
r 617.1509,	E. FLORIDA

Pursuant to the provisions of sections 6	07.0502(2), $617.0502(2)$, 607.1509 , or 617.1509 ,		
Florida Statutes, the undersigned,	James W. Hart, Jr.		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Wyndham Palms Master Community Association, Inc. (Name of Corporation)		
N0000002066			
(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		
SAF	gnature of Resigning Agent)		
If signing on behalf of an entity:			
Ser	ntry 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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