NO0000004014

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECKE JASSEE, FLORID

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COVER LETTER

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SUBJECT:	Wyndham Palms C	ondominium Association, Inc.
	(1	Name of Corporation)
DOCUMENT I	NUMBER:	N0000004014
The enclosed Re	signation of Registered Ag	ent for a Corporation and fee are submitted for filing.
Please return all	correspondence concerning	g this matter to the following:
Joe Pa	ladino, Records Adminis	strator
	(Name of Person)	
	Sentry Management, Inc	c.
	(Name of Firm/Company)	
2180	W. State Road 434, Sui	te 5000
	(Address)	
I	ongwood, FL 32779-504	44
	(City/State and Zip Code)	
For further infor	mation concerning this mat	tter, please call:
(Joe Paladino Name of Person)	at (407) 788-6700 ext. 227 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section Division of Corporations

TO:

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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DESIGNATION OF DECISTEDED ACENTS
RESIGNATION OF REGISTERED AGENTS EUR 2:49 FOR A CORPORATION
ASSEE FISTATE
Pursuant to the provisions of sections 607.0502(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 Condominium Association, Inc.,
(Name of Corporation)
N0000004014
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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