NO100000 2860

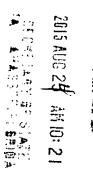
| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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AUG 2 6 2015 C. CARROTHERS

COVER LETTER

| Division of Corporations SUBJECT: WINDSOR CHASE OWN | IERS ASSOCIATION, INC |
|--|--|
| SUBJECT: WINDOOK CHASE OWN | (Name of Corporation) |
| DOCUMENT NUMBER: N0100000 | • • |
| | |
| The enclosed Resignation of Registered | Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concern | ing this matter to the following: |
| NICHOLAS REED, RECORDS ADM | MINISTRATOR |
| (Name of Person) | |
| Sentry Management, | Inc. |
| (Name of Firm/Compan | y) . |
| 2180 W. State Road 434, S | Suite 5000 |
| (Address) | |
| Longwood, FL 32779-5 | 5044 |
| (City/State and Zip Code | e) |
| For further information concerning this n | natter, please call: |
| NICHOLAS REED | at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number) |
| · (Name of Person) | (Area Code & Dartime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60 | 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 | WINDSOR CHASE OWNERS ASSOCIATION, INC. | |
| | (Name of Corporation) | |
| N01000002860 | | |
| (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 this statement is filed. | discontinued on the 31st day after the date on which | 25 · · · · · · · · · · · · · · · · · · · |
| | To Design A comp | : 5 |
| If signing on behalf of an entity: | mature of Resigning Agent) | ,,,,, |
| Sen | try Management, Inc. | |
| (1 | 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