N01348

(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

Date: 5/31/2021

(Name of Corporation)	CONDOMINIUM ASSOCIATION, I
DOCUMENT NUMBER: N01348	
The enclosed Resignation of Registered Agent for a Corporation and fe	e are submitted for filing.
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) 788-67 (Name of Person) (Area Code & Daytime	00 ext. 22300 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, F1. 32301

TO: Amendment Section

Mailing Address:
Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provis	sions of sections o	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,			
Florida Statutes, the undersigned,		SENTRY MANAGEMEN	T INC			
		(Name of Registered Agent)				
hereby resigns as Reg	ristered Agent for	THE MOORINGS ON LAKE MAITLAND BUILDING "1" CON				;.
	,	(Nan	ne of Corpo	oration))	
N01348						
(Document Num	ber, if known)					
A copy of this resigna	ition was mailed t	o the above listed corporation at its last kr	iown add	ress.		
The agency is terminathis statement is filed		discontinued on the 31st day after the dat	e on which SEC TA			
If signing on behalf o	fan entity:	gnature (spring) (grnt) n behalf of, Sentry Management, Inc.	RETARY OF ST LLAHASSEE, F	2021 JUN -9 PM		
		Typed or Printed Name)	STATI	PM 10: 2		*
		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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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