MO1911

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



800138498668

12/08/08--01059--005 **87.50

LA Resign

DIVISION OF CORPORATIONS

.08 DEC -8 .AM 10: 58

T. Roberts OEC 1.12003

COVER LETTER

10:	Division of Corporations
SUBJ	ECT: Lakeside at Baymeadows Owners Association, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N01911
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Christina Carvalho, Administrative Assistant
	(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 fu	rther information concerning this matter, please call:
*:-	Christina Carvalho at (407) 788-6700 ext. 236
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 of	0/.0502(2), $61/.0502(2)$, $60/.1509$, or $61/.1509$,
Florida Statutes, the undersigned,	James W. Hart, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Lakeside at Baymeadows Owners Association, Inc
, , ,	(Name of Corporation)
N01911	
(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
	gnature of Resigning Agent)
If signing on behalf of an entity:	
Sei	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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