HBOUND IST

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(~0	diess)	
(Cit	ty/State/Zip/Phone #)
_		
PICK-UP	MAIT	MAIL
	isiness Entity Name	<u>, </u>
(Bu	isiness ⊑nuty mame,	,
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
		· —
Special Instructions to	Filing Officer:	

Office Use Only



100307584101

01/12/18--01018--006 **87.50

18 JAN 12 AH 10: 53

MAROS

R.WHITE JAN 1 6 2018

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	507.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC (Name of Registered Agent)		
	(Maine of Registered Agent)	LATION	
hereby resigns as Registered Agent for	OAKS OF TIMACUAN HOMEOWNERS' ASSOC INC. (Name of Corporation)	IATION,	
N02000001787			
(Document Number, if known)			
A copy of this resignation was mailed to	to the above listed corporation at its last known address.		
this statement is filed.	e discontinued on the 31st day after the date on which	18 JAN	
If signing on behalf of an entity:		N 12	
Ser	entry Management, Inc.	<u>₹</u>	
((Typed or Printed Name)	AH 10: 53	
	President	53	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

COVER LETTER

Date: 12/29/2017 Amendment Section TO: Division of Corporations SUBJECT: OAKS OF TIMACUAN HOMEOWNERS' ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N02000001787 The enclosed Resignation of Registered Agent for a Corporation and fee 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: at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number) RAE ANN PARKER (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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