## 191200006091

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP		MAIL .
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 DEC 18 PH 3: 44

APPROVED



## **COVER LETTER**

Division of Corporations			
SUBJECT: Summerport R	esidential Property Ov	ners' Association, Inc.	
	(Name of Corporation	on)	
DOCUMENT NUMBER: N02000006191			
The enclosed Resignation of Registe	ered Agent for a Corpora	tion and fee are submitted	for filing.
Please return all correspondence cor	ncerning this matter to th	e following:	
Joe Paladino, Records A	dministrator		
(Name of Person	on)		
Sentry Managem	ent, Inc.		
(Name of Firm/Con	mpany)		
2180 W. State Road 4	34, Suite 5000		and the second of the second o
, (Address)			r na senjar <mark>to</mark> n
Longwood, FL 327	79-5044	;	الِيَّةِ الرَّامُ فِي الْ
(City/State and Zip	Code)		
For further information concerning	this matter, please call:		
Joe Paladino	at ( 407	788-6700 ext. 227	
(Name of Person)	(Area Code	& Daytime Telephone Numl	per)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

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,	James W. Hart, Jr.
hereby resigns as Registered Agent for	(Name of Registered Agent)  Summerport Residential Property Owners' Association, Inc.  (Name of Corporation)
N0200006191	
(Document Number, if known)	<del>_</del>
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
(S	gnature of Resigning Agent)
If signing on behalf of an entity:	
Ser	ntry Management, Inc.
(	Typed or Printed Name)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

President (Capacity)