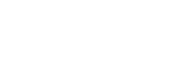
## N03000000877

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	. WAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
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## **COVER LETTER**

Date: 12/26/2023

**TO:** Amendment Section Division of Corporations

SUBJECT: LAKES OF WINDERMERE - LAKE REAMS TOWNHOMES COMMUNITY ASSOCIATION INC
(Name of Corporation)

DOCUMENT NUMBER: N03000000877

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:

(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:

Darline Mendoza, Customer Experience at (407) 788-6700 ext. 281115

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections t	507.0502(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	LAKES OF WINDERMERE - LAKE REAMS TOWNHOMES COMMUNIT	TY ASSOCIATION IN
	(Name of Corpo	ration)
N03000000877		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed	to the above listed corporation at its last known addi	ress.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on whic	ch
		21 Ž
(S	ignature of Resigning Agent)	
If signing on behalf of an entity:		2024 JAN -5 PH 5: 36
Bradley Pomp, o	n behalf of, Sentry Management, Inc.	
<del>-</del>	(Typed or Printed Name)	PH 5:
	President	36
-	(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