# N030000 2734

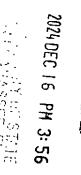
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#### **COVER LETTER**

Date: 12/03/2024

TO: Amendment Section Division of Corporations

### NC.

SUBJECT: SABAL POINTE AT COLONIAL RESIDENTS' ASSOCIATION, I
(Name of Corporation)
DOCUMENT NUMBER: N03000002734
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:
Darline Mendoza
(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. 18003 (Area Code & Daytime Telephone Number) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Ament 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 6	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	SABAL POINTE AT COLONIAL RESIDEI	NTS' ASSOCIATION, INC
	(Nan	ne of Corporation)
N03000002734		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last ki	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the day	e on which
—————(Si	gnature of Resigning Agent)	_
If signing on behalf of an entity:		
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	FIL 2024 DEC 16
(	Typed or Printed Name)	
	President	Marian Samuel
	(Capacity)	ED PM 3:56

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions o	of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersi	igned. SENTRY MANAGEMENT IN	1C
,	(Name of Registered Agent)	
hereby resigns as Registered	d Agent for SABAL POINTE AT COLONIAL RESIDENTS	S' ASSOCIATION, INC.
,	(Name o	of Corporation)
N03000002734		
(Document Number, if k	known)	
A copy of this resignation w	vas mailed to the above listed corporation at its last know	vn address.
The agency is terminated an this statement is filed.	nd the office discontinued on the 31st day after the date o	on which
	(Signature of Resigning Agent)	
If signing on behalf of an en	ntity:	
Bradley	y Pomp, on behalf of, Sentry Management, Inc.	
	(Typed or Printed Name)	
	President	
	(Capacity)	

### Fee for filing this document:

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