N030000 7446

(Re	equestor's Name)	
. (Ac	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ashley Lakes Homeowners Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N03000007446
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:
Jo Ortiz, Records Administrator
(Name of Person)
Sentry Managemenet, Inc.
(Name of Firm/Company)
2180 W. State Road 434, Suite 5000
(Address)
Longwood, Ft 32779-5044
(City/State and Zip Code)
For further information concerning this matter, please call:
Jo Ortiz at (407) 788-6700 ext. 227 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60	7.0502(2), 617.0502(2), 607.15	509, or 617.1509,
Florida Statutes, the undersigned,	James W Hart Jr	
•	(Name of Registered A	Agent)
hereby resigns as Registered Agent for	Ashley Lakes Homeowne	rs Association, Inc.
	(Name of Corporati	on)
N0300007446		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at	its last known address.
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day aft	ter the date on which
(Sig	nature of Resigning Agent)	
If signing on behalf of an entity:		07 SECH TALLA
Sen	try Management, Inc.	FEB T
(T	yped or Printed Name)	SEE OF L
	President	AM II: PESTA: FLORII
	(Capacity)	DA -

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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