## N03000009767

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700086676217

02/06/07--01007--016 \*\*87.50

RA Plsin

URETARY OF STAT LAHASSEE, FLOR

FILEU

T. Robeste FFR 0.7 2087

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Community Association for Vistamere, Inc.  (Name of Corporation)
` · · ·
DOCUMENT NUMBER: N03000009767
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:
Laura Girard, Records Associate
(Name of Person)
Sentry Managemenet, Inc.
(Name of Firm/Company)
2180 W. State Road 434, Suite 5000
(Address)
Longwood, FI 32779-5044
(City/State and Zip Code)
For further information concerning this matter, please call:
Laura Girard at (407 ) 788-6700 ext. 223  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	•
	ON OF REGISTERED AGENT  A CORPORATION  07.0502(2), 617.0502(2), 607.1509, or 617.1509, or 617.15
Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509, Section 6
Florida Statutes, the undersigned,	James W. Hart, Jr.  (Name of Registered Agent)
hereby resigns as Registered Agent for	Community Association for Vistamere, Inc.  (Name of Corporation)
N0300009767	
(Document Number, if known)	<del></del>
-	o the above listed corporation at its last known address.  discontinued on the 31st day after the date on which
If signing on behalf of an entity:	gnature of Resigning Agent)
Ser	ntry Management, Inc.
	Typed or Printed Name)
	President
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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