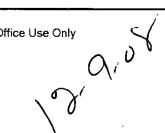
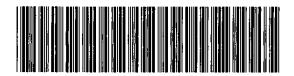
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ılv </td





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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT: Keystone Pointe at St. Cloud Homeowners Association, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N03000009935
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Christina Carvalho, Administrative Assistant
	(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 fu	orther information concerning this matter, please call:
+	Christina Carvalho at ( 407 ) 788-6700 ext. 236
	(Name of Person) (Area Code & Daytime Telephone Number)
<b></b>	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections of	J7.0502(2), 617.0502(2), 607.1509, or	617.1309,
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for	Keystone Pointe at St. Cloud Homeowners Association, Inc. (Name of Corporation)	
N03000009935		
(Document Number, if known)	<del></del>	•
A copy of this resignation was mailed to	the above listed corporation at its las	t known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the	date on which
- ( <u>8</u> 1)	gnature of Resigning Agent)	
If signing on behalf of an entity:		
	ntry Management, Inc. Typed or Printed Name)	ZOOR DEC-
	· · · · · · · · · · · · · · · · · · ·	ASS.
	President	
	(Capacity)	1: 15 STATE FLORID

## 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