## NO4 OCCO 1685

(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:			

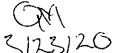
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## **COVER LETTER**

Date: 03/05/2020

Amendment Section Division of Corporations TO:

SUBJECT: NORTH BEACHES COSTA BRAVA CONDOMINIUM OWNERS' ASSOCIATION, IN (Name of Corporation)
DOCUMENT NUMBER: N04000001685
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:
RAE ANN PARKER, RECORDS ADMINISTRATOR
(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:
RAE ANN PARKER at ( 407 ) 788-6700 ext. 22300
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.150	J.
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC	>
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	NORTH BEACHES COSTA BRAVA CONDOMINIUM OWNE	RS' ASSOCIATION, INC
	(Name of Co	orporation)
N04000001685		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed t	o the above listed corporation at its last known a	address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on v	
(S	ignature (Varstgning Agent)	FIL JECPETAR JEVISION OF 0 2020 MAR 1 6
If signing on behalf of an entity:	(	10 PR
Bradley Pomp, o	n behalf of, Sentry Management, Inc.	2: 1
	(Typed or Printed Name)	<b>O</b> 3"
	President	
<del></del>	(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