N04000004872

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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RA Resign

SECRETARY OF STATEONS
OIVISION OF CORPORATIONS
12 OCT 29 AM 11: 05

OCT 3 1 2012

T ROBERTS

COVER LETTER

TO:	Amendment Section Division of Corporations
SHRI	JECT: Hammocks at Riviera Dunes Association, Inc.
O D	(Name of Corporation)
DOC	UMENT NUMBER: N04000004872
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Joe Paladino, 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 fi	urther information concerning this matter, please call:
	Joe Paladino at (407) 788-6700 ext. 237
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	97.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	James W. Hart, Jr.	
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Hammocks at Riviera Dunes Association, Inc.	
	(Name of Corporation)	
N0400004872		
(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 this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	Intry Management, Inc. Typed or Printed Name)	•
Sen	try Management, Inc.	
(1)	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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