NO400000 7639

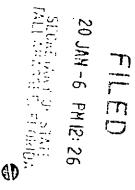
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PłCK-UF	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
(Document Number)		
Certified Copies	Certificates of S	tatus
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COVER LETTER

Date: 12/31/2019

TO: Amendment Section Division of Corporations	
SUBJECT: OCEAN WALK AT NEW SMYRNA BEACH-BUIL (Name of Corporation)	DING NO. 10 CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: N0400007639	·
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,
Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	OCEAN WALK AT NEW SMYRNA BEACH-BUILDING NO. 10 CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
N0400007639	
(Document Number, if known)	
A copy of this resignation was mailed t	o 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
	Annure of Resigning Agent)
If signing on behalf of an entity:	
•	(Typed or Printed Name)
	(Typed or Printed Name)
	President T
	26 26 26 26 26 26 26 26 26 26 26 26 26 2
	db - ·

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