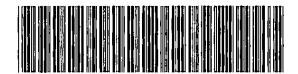
## 1104000009548

(Requestor's Name)
(Address)
(Address)
(183.335)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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DEC () .

R. R. Besider

## **COVER LETTER**

	Date: 10/31/2020
TO: Amendment Section Division of Corporations	
SUBJECT: WINDSOR LAKES HO	MEOWNERS ASSOCIATION, INC.
	(Name of Corporation)
DOCUMENT NUMBER: N0400000	9548
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concert	ning this matter to the following:
RAE ANN PARKER, RECORDS A	DMINISTRATOR
(Name of Person)	
Sentry Management,	Inc.
(Name of Firm/Compar	ly)
2180 W. State Road 434,	Suite 5000
(Address)	
Longwood, FL 32779-	5044
(City/State and Zip Cod	e)
For further information concerning this	matter, please call:
RAE ANN PARKER (Name of Person)	at (407 ) 788-6700 ext. 22300 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the or \$35.00 for an administratively disselv	Florida Department of State for \$87.50 for an active corporation yed, voluntarily dissolved or withdrawn corporation.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 provis	ions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.15	09,
Florida Statutes, the u	ndersigned.	SENTRY MANAGEMENT IN	1C
		(Name of Registered Agent)	
hereby resigns as Registered Agent for		WINDSOR LAKES HOMEOWNERS ASS	SOCIATION, INC
		(Name of	Corporation)
N04000009548			
(Document Numb	oer, if known)	<del>_</del>	
A copy of this resigna	tion was mailed t	o the above listed corporation at its last known	ı address.
The agency is termina this statement is filed.		e discontinued on the 31st day after the date on	which
	(\$	rgnature of Resigning Agent)	
If signing on behalf of	an entity:		
В	radley Pomp, or	n behalf of, Sentry Management, Inc.	
		(Typed or Printed Name)	
			79
		President	7979 OCT
		(Capacity)	CT 28
			PII
	\$87.50 - Ac \$35.00 - Ad	ng this document: tive corporation ministratively dissolved/voluntarily dissolved/	<u>બ</u> 23
		thdrawn corporation	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314