## -N04000010112

(	Requestor's Name)			
(	Address)			
(	Address)			
. (	City/State/Zip/Phone #)			
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OF CORPORATION OF COR

PARCS 13/3/13

## **COVER LETTER**

TO:	Amendm Division	ent Section of Corporations	
SUBJ	ECT:	Bay Pointe at	Cortez Condominium Association, Inc.
			(Name of Corporation)
DOC	UMEŅT N	NUMBER:	N04000010112
The en	nclosed Re	signation of Regi	istered Agent for a Corporation and fee are submitted for filing.
Please	return all	correspondence o	concerning this matter to the following:
	Joe Pa	ladino, Records	s Administrator
	······································	(Name of Pe	erson)
		Sentry Manage	ement, Inc.
		(Name of Firm/C	Company)
	2180	W. State Road	434, Suite 5000
		(Address	s) ·
	L	ongwood, FL 3	2779-5044
	<del></del>	(City/State and Z	Zip Code)
For fu	rther inform	nation concerning	ng this matter, please call:
	,	Joe Paladino	at ( 407 ) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
	(1	Name of Person)	(Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a che .00 for an	ck made payable administratively o	to the Florida Department of State for \$87.50 for an active corporation dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Clifton 2661 E	assee, FL 3	orations Center Circle 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)		
hereby resigns as Registered Agent for	Bay Pointe at Cortez Condominium Ass (Name of Corporation)	sociation, Inc	Э.
N0400010112			
(Document Number, if known)	_		
A copy of this resignation was mailed to	the above listed corporation at its last know	n address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date or	n which	
——————————————————————————————————————	mature of Resigning Agent)		
If signing on behalf of an entity:			
Ser	ntry Management, Inc.	<u> </u>	
(*)	Typed or Printed Name)	VISION O	
	President	22	
	(Capacity)	AM 9	SE SE

## 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withdrawn corporation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