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(Reg	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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P/A Resign

COVER LETTER

Date: 10/31/19

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: COLONY LAKES HOMEOWNERS ASSO	CIATION OF PASCO COUNTY, INC.
(Name of Corpora	ition)
DOCUMENT NUMBER: N05000003420	
The enclosed Resignation of Registered Agent for a Corpo	ration 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. 44601
(Name of Person) (Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Person)

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) COLONY LAKES HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC. (Name of Corporation)			
hereby resigns as Registered Agent for				
N05000003420				
(Document Number, if known)				
A copy of this resignation was mailed t	to the above listed corporation at its last known address			
this statement is filed.	e discontinued on the 31st day after the date on which	2019 OCT 3		
If signing on behalf of an entity:		- ;	·	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.		, d (
	(Typed or Printed Name)	3: 00	1	
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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