## 

| (Requestor's Name)  (Address)                              | 700210145207             |  |
|------------------------------------------------------------|--------------------------|--|
| (Address)                                                  | 700210140207             |  |
| (City/State/Zip/Phone #)                                   |                          |  |
| PICK-UP WAIT MAIL                                          | 07/22/1101017014 **87.50 |  |
| (Business Entity Name)                                     |                          |  |
| (Document Number)  Certified Copies Certificates of Status | ALLAHASSEE PLOR          |  |
| Special Instructions to Filing Officer:                    | AM 10: 05                |  |
| Office Use Only                                            | 4000                     |  |

## **COVER LETTER**

| Division of Corpo           | rations                                                                 |
|-----------------------------|-------------------------------------------------------------------------|
| SUBJECT: Lion'              | s Point Clearwater Condominium Association, Inc.                        |
|                             | (Name of Corporation)                                                   |
| DOCUMENT NUMBER             | R:N05000009353                                                          |
| The enclosed Resignation    | of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspon | ndence concerning this matter to the following:                         |
| Joe Paladino, F             | Records Administrator                                                   |
| (Na                         | me of Person)                                                           |
| Sentry N                    | Management, Inc.                                                        |
| (Name o                     | of Firm/Company)                                                        |
| 2180 W. State               | e Road 434, Suite 5000                                                  |
|                             | (Address)                                                               |
| Longwoo                     | d, FL 32779-5044                                                        |
| (City/St                    | ate and Zip Code)                                                       |
| For further information co  | oncerning this matter, please call:                                     |
| Joe Pala                    | at ( 101 ) 11 11 11 11 11 11 11 11 11 11 11 11                          |
| (Name of P                  | erson) (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

TO: Amendment Section

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                  | 617.1509,                            |                    |
|------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|--------------------|
| Florida Statutes, the undersigned,                               | James W. Hart, Jr. (Name of Registered Agent)          |                                      |                    |
| hereby resigns as Registered Agent for                           | Lion's Point Clearwater Condomin (Name of Corporation) | nium Association,                    | Inc.               |
| N05000009353                                                     |                                                        |                                      |                    |
| (Document Number, if known)                                      | <del>_</del>                                           |                                      |                    |
| A copy of this resignation was mailed to                         | o the above listed corporation at its last             | known address.                       |                    |
| The agency is terminated and the office this statement is filed. |                                                        | date on which  ALLAHASSE  ASSERBIARY | عناما يان<br>الأول |
| If signing on behalf of an entity:                               | gnature of Resigning Agent)  ntry Management, Inc.     | مدس المم                             |                    |
|                                                                  | Typed or Printed Name)                                 | <del>*</del> ੇ ਤੋ                    |                    |
|                                                                  | President                                              |                                      |                    |
|                                                                  | (Capacity)                                             | <del></del>                          |                    |

## 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