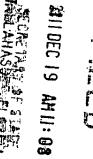
(Requestor's Name) (Address) (Address)	400215057	
(City/State/Zip/Phone #)	- 12/19/1101013	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	AHAS SEE STATES	
Office Use Only	12.20-1	



854

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COVER LETTER

Division of	Corporations	
SUBJECT:	The Gallery at Bay	port Condominium Association, Inc.
		(Name of Corporation)
DOCUMENT NU	MBER:	N05000012233
The enclosed Resig	nation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all co	rrespondence concerni	ng this matter to the following:
Joe Palac	dino, Records Admin	istrator
	(Name of Person)	
Se	entry Management, I	nc.
(Name of Firm/Company)
2180 W	. State Road 434, S	uite 5000
1	(Address)	
Lor	igwood, FL 32779-5	044
(City/State and Zip Code	
For further informa	tion concerning this m	atter, please call:
Jo	e Paladino	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
	ne of Person)	(4 O 1 / 0 D 2 T T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

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 Age	ent)
hereby resigns as Registered Agent for	The Gallery at Bayport Condominium Association, Inc.	
	(Name of Corporation)	
N05000012233		
(Document Number, if known)	Lie, Ala	
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.	discontinued on the 31st day after	the date on which
(Si _j	guature of Resigning Agent)	
If signing on behalf of an entity:		ANI DEC
Ser	ntry Management, Inc.	
. (Typed or Printed Name)	— § 5 I
	President (Capacity)	
	(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