10700005695

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	Idress)		
(Cit	ty/State/Zip/Phone	» #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



100263681251

09/02/14--01020--013 **87.50

14 SEP 22 AH II: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 23 2014T. CARTER

RA Resign

COVER LETTER

Division of Corporations SUBJECT: AMBERWOOD/WELLINGTON AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION IN (Name of Corporation) DOCUMENT NUMBER: N07000005695 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NICHOLAS REED, 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: NICHOLAS REED (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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: Mailing Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2014

NICHOLAS REED, RECORDS ADMINISTRATOR SENTRY MANAGEMENT, INC. 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779-5044

SUBJECT: AMBERWOOD/WELLINGTON AT BAYSIDE LAKES

HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N07000005695

We have received your document for AMBERWOOD/WELLINGTON AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 014A00019478

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
	Florida Statutes, the undersigned, Sentry MANAGEMENT (Name of Registered Agent)		
	hereby resigns as Registered Agent for AMBERWOOD/WELLINGTON AT BAYSIC HOMEOWNERS ASSESSED INC	E LA	ÇES
	N0700005695		
	(Document Number, if known)		
 -	A copy of this resignation was mailed to the above listed corporation at its last known ac	lđress,	<u>.</u>
	The agency is terminated and the office discontinued on the 31st day after the date on whis statement is filed.	nich	
	(Signature of Resigning Agent)		
- -	If signing on behalf of an entity:	 -	·· ·
	Sentry Management, Inc.	14 8	SECI
	(Typed or Printed Name)	SEP 22	RETAR AHAS
	President		Y OF SEE, F
	(Capacity)	AM 11: 39	STATE LORIDA

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