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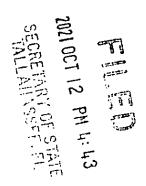
(Requestor's Name)		
(Address	5)	
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(City/Sta	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Statu	s
Special Instructions to Filing Officer:		
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COVER LETTER

Date: 09/30/2021

TO: Amendment Section Division of Corporations

SUBJECT: SEASIDE LANDINGS AT FLAGLER BEACH HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N16000006953

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:

RAE ANN PARKER, RECORDS ADMINISTRATOR

(Name of Person)

Sentry Management, Inc.

(Name of Finn/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. 22300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION ZOZI OCT 12 PM 4: 43

SECRETARY OF STATE TALLAHASSEF, FL

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	SEASIDE LANDINGS AT FLAGLER BEACH HOMEOWNERS ASSOCIATION, INC.
	(Name of Corporation)
N16000006953	
(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.	ignature of Resigning Agents
If signing on behalf of an entity:	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.
	(Typed or Printed Name)
	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