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MAISIGH OF CONTRACT AND STATE OF CONTRACT AN



COVER LETTER

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Date:	11.37.31	77070

TO: Amendment Section Division of Corporations

SUBJECT: RESERVE AT SWEETWATER GOLF AND COUNTRY CLUB TOWNHOME ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N18000001600

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0502(2), 617.0502(2), 607.1509, or 613	7.1509,	
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC		
•	(Name of Registered Agent)		
hereby resigns as Registered Agent for	RESERVE AT SWEETWATER GOLF AND COUNTRY CLUE	TOWNHOME ASSOCIATION, INC.	
	(Nam	e of Corporation)	
N18000001600			
(Document Number, if known)	<u> </u>		
A copy of this resignation was mailed	to the above listed corporation at its last kn	own address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date	e on which	
	ignature of Recigning Agent)		
If signing on behalf of an entity:		SECTI IIVISION 2020 M AR	
Bradley Pomp, or	n behalf of, Sentry Management, Inc.	30	
	(Typed or Printed Name)	PP 2 9 5 1	
	President	1: 05	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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