M18517

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: PALMA SOLA SHORES CONDOMINIUM ASSOCIATION INC
	(Name of Corporation)
DOC	UMENT NUMBER: N18517
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
NIC	HOLAS 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 fu	rther information concerning this matter, please call:
NICH	AOLAS REED at (407) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ameno Division Cliftor 2661 E	Address: dment Section on of Corporations a Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502	2(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned,	James W. Hart, Jr. (Name of Registered Agent)			
hereby resigns as Registered Agent for	PALMA SOLA SH	HORES CONDOMINI e of Corporation)	IUM ASSOCIATION	
N18517				
(Document Number, if known)	_			
A copy of this resignation was mailed t	o the above listed cor	poration at its last kno	wn address.	
The agency is terminated and the office this statement is filed.	discontinued on the	31st day after the date	on which	
If signing on behalf of an entity:	gnature of Resigning Age	ent)		
	ntry Management,	inc.		
((Typed or Printed Name)		B B	
	President			
	(Capacity)	\$ 250 \$ 250	The state of the s	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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