N31922

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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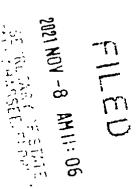
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resignation

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COVER LETTER

Date: 10/31/2021

TO: Amendment Section Division of Corporations
SUBJECT: NEIGHBORHOOD G HOMEOWNERS' ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N31922
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:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

at (407) 788-6700 ext. 22300 (Area Code & Daytime Telephone Number)

Street Address:

RAE ANN PARKER

(Name of Person)

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)

FILED

RESIGNATION OF REGISTERED PAGENTS AMIL: 06

Pursuant to the provisions of sections	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	NEIGHBORHOOD G HOMEOWNERS' ASSOCIATION, INC
	(Name of Corporation)
N31922	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the offic	e discontinued on the 31st day after the date on which
this statement is filed.	regulator of Resigning Algent)
If signing on behalf of an entity:	
Bradley Pomp, o	n behalf of, Sentry Management, Inc.
	(Typed or Printed Name)
	D. Maria
	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