# N46241

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| Date: 08/15/2021 |      |      |       |          |
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TO: Amendment Section Division of Corporations

SUBJECT: GARDEN CITY RESORT HOMEOWNERS ASSOCIATION PHASE I, INC.

(Name of Corporation)

DOCUMENT NUMBER: N46241

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)

(Name of Person)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## FILED

## RESIGNATION OF REGISTERED MUNICIPAL AMIL: 40 FOR A CORPORATION GEODESIC

SECRETARY OF STATE TALL AHASSEE, FLORIDA

| 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                           | GARDEN CITY RESORT HOMEOWNERS ASSOCIATION PHASE I, INC.    |
|  | (Name of Corporation)                                      |
| N46241   | •  |
| (Document Number, if known)                                      | <del></del>  |
| A copy of this resignation was mailed                            | to the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | se discontinued on the 31st day after the date on which    |
| If signing on behalf of an entity:                               |  |
| Bradley Pomp, c  | on behalf of, Sentry Management, Inc.                      |
|  | (Typed or Printed Name)                                    |
|  | President  |
| <del></del>  | (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