## X14400001332

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## **COVER LETTER**

Date: 2/23/2018

TO:	Amendment Section Division of Corporations
SUBJ	ECT: HAWTHORN PARK COMMUNITY ASSOCIATION, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: N94000001332
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:
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 fu	rther information concerning this matter, please call:
RAE	ANN PARKER at (407) 788-6700 ext. 44601 (Name of Person) (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(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	HAWTHORN PARK COMMUNITY ASSOCIATION, INC.
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)
N9400001332	
(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.	discontinued on the 31st day after the date on which
المنتشر	enature of Reargning Agent)
If signing on behalf of an entity:	TI T
Ser	ntry Management, Inc.
(*	Typed or Printed Name)
	President 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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