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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: ISLAND COVE COMMUNITY ASSOCIATION, INC (Name of Corporation) **DOCUMENT NUMBER:** N96000001569 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 (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	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	ISLAND COVE COMMUNITY ASSOCIATION, INC. (Name of Corporation)	
N96000001569		
(Document Number, if known)	_	
	o 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 graduate or Resigning Agent)	
If signing on behalf of an entity:	RIMATINE AGENT)	
Sei	ntry Management, Inc.	
	Typed or Printed Name)	
	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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