N9600000 2057

		<u> </u>
(Re	equestor's Name)	
	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

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COVER LETT	TER
TO: Amendment Section Division of Corporations	Date: 09/25/2017
SUBJECT: BRIDGEWAY OF PARKER LAKES (Name of Go	CONDOMINION ASSOCIATION INC
DOCUMENT NUMBER: N96000002057	n por action)
The enclosed Resignation of Registered Agent for a ©	Corporation and fee are submitted for filing.
Please return all correspondence concerning this matt	
RAE ANN PARKER, RECORDS ADMINISTRA	TOR
(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 (40 (Are	788-6700 ext. 44601 a Code & Daytime Telephone Number)
(Name of reison) (Are	a code & Dayame rereptione (varioer)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

,	
-	ON OF REGISTERED AGENT R A CORPORATION 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
	3
Pursuant to the provisions of sections Florida Statutes, the undersigned.	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	BRIDGEWAY OF PARKER LAKES CONDOMINIUM ASSOCIATION Corporation)
N96000002057	
(Document Number, if known)	-
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	re discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
Se	entry Management, Inc.
	(Typed or Printed Name)
	President
	(Capacity)
<u>Fee for fili</u>	ng this document:
	ctive corporation
	dministratively dissolved/voluntarily dissolved/
W	rithdrawn corporation
Make checks payab	le to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Tallahassee, FL 32314