## 111200001112

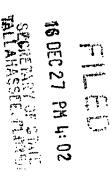
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: HARBORTOWN H	OMEOWNERS' ASSOCIATION, INC.
		(Name of Corporation)
DOC	UMENT NUMBER: N96	000004112
The e	nclosed Resignation of Regis	stered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence c	oncerning this matter to the following:
RAE	ANN PARKER, RECORI	DS ADMINISTRATOR
	(Name of Pe	rson)
	Sentry Manage	ment, Inc.
	(Name of Firm/C	ompany)
	2180 W. State Road	
	(Address	)
	Longwood, FL 32	2779-5044
	(City/State and Z	ip Code)
For fu	rther information concerning	g this matter, please call:
RAE	ANN PARKER	at ( 407 ) 788-6700 ext. 44601 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable i.00 for an administratively d	to the Florida Department of State for \$87.50 for an active corporation lissolved, voluntarily dissolved or withdrawn corporation
Amen Division Clifton 2661 E	Address: dment Section on of Corporations n Building Executive Center Circle assee, 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 60	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	HARBORTOWN HOMEOWNERS' ASSOCIATION, INC.
	(Name of Corporation)
N96000004112	
(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 office this statement is filed.	discontinued on the 31st day after the date on which
(Sig	nailbe of Resigning Agent)
If signing on behalf of an entity:	-
Sen	try Management, Inc.
T)	Typed or Printed Name)
,	President
	(Capacity)
\$87.50 - Acti	this document: ve corporation inistratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation