N98000000336

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Division o	ent Section of Corporations
SUBJECT:	Magnolia Pointe Lakefront Homeowners' Association, Inc.
	(Name of Corporation)
DOCUMENT NU	UMBER: N9800000336
The enclosed Resi	ignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
Joe Pala	adino, Records Administrator
	(Name of Person)
S	Sentry Management, Inc.
	(Name of Firm/Company)
2180 V	W. State Road 434, Suite 5000
	(Address)
Lo	ongwood, FL 32779-5044
	(City/State and Zip Code)
For further informa	ation concerning this matter, please call:
Jo	oe Paladino at (407) 788-6700 ext. 227
(Na	ame 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT. FOR A CORPORATION TABLEMENT SHE FLORIDA

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	James W. Hart, Jr.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Magnolia Pointe Lakefront Homeowners' Association, (Name of Corporation)	
N9800000336		
(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	
(Się	nature of Resigning Agent)	
If signing on behalf of an entity:		
Ser	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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