N9800006827

| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
| |
| |
| |
| |

Office Use Only



200207289502

200207289502 05/06/11--01018--013 **87.50



Resign. 05/16/11

COVER LETTER

| | (Name of Corporation) |
|--------------------------------------|--|
| DOCUMENT NUMBER: | N98000006827 |
| The enclosed Resignation of Registe | ered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence con | ncerning this matter to the following: |
| Joe Paladino, Records A | dministrator |
| (Name of Perso | on) |
| Sentry Managem | ent, Inc. |
| (Name of Firm/Con | npany) |
| 2180 W. State Road 43 | 34, Suite 5000 |
| (Address) | |
| Longwood, FL 327 | 779-5044 |
| (City/State and Zip | Code) |
| For further information concerning t | his matter, please call: |
| Joe Paladino | at (407) 788-6700 ext. 227 |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

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, | James W. Hart, Jr. | |
| | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | Bellavista at Gulf Harbour Yacht & Country C | lub _, |
| | (Name of Corporation) | |
| N98000006827 | Condominium Association, Inc. | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known addr | ess. |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on whic | h |
| If signing on behalf of an entity: | gnature of Resigning Agent) | هست ونست |
| | ntry Management, Inc. | |
| (| Typed or Printed Name) | o 🏰 |
| | President | 1:8 H |
| | (Capacity) | ä |

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