N99000 000 785

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
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COVER LETTER

Date: 10/31/2019

TO: Amendment Section	
Division of Corporations	
SUBJECT: SOUTHWIND OWNERS ASSOCIATION	NAT FORT MYERS, INC.
(Name of Corpo	ration)
DOCUMENT NUMBER: N9900000785	
The enclosed Resignation of Registered Agent for a Corp	poration and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
RAE ANN PARKER, RECORDS ADMINISTRATO	R
(Name of Person)	
Sentry Management, Inc.	
(Name of Firm/Company)	_
2180 W. State Road 434, Suite 5000	
(Address)	<u> </u>
Longwood, FL 32779-5044	
(City/State and Zip Code)	
For further information concerning this matter, please ca	II:
RAE ANN PARKER at (407	788-6700 ext. 44601
(Name of Person) (Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Tallahassec, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	37.0502(2), 617.0502(2), 607.1509, or 6	17.1509.	
Florida Statutes, the undersigned,	SENTRY MANAGEME	NT INC	
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS,		
, с с	TINC. (Na	nme of Corporation)	
N9900000785			
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation at its last l	known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the day	ate on which	
If signing on behalf of an entity:	behalf of, Sentry Management, Inc.		
· ·	Typed or Printed Name)	— 2 —	
	President (Capacity)	CT31 AMII:43	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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