## 757409

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	nel
(	Endly Hall	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

- Office Use Only



200020570892

06/23/03--01070--010 \*\*87.50

03 JUN 27 PM 1: 10

15 Jahr

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Columbus Harbour Homeowners' Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 757409
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Clayton & McCulloh
(Name of Firm/Company)  1065 Maitland Center Commons Blvd.  (Address)
Maitland, Florida 32751 (City/State and Zip Code)
For further information concerning this matter, please call:
Lauren Bailey at ( 407 ) 875-2655 x 101  (Name 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E046(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Neal McCulloh (Name of Registered Agent)
hereby resigns as Registered Agent for Columbus Harbour Homeowners' Association, In Columbus Harbour Homeowners' Association Harbour Homeowners' Association Harbour Harbo
(Name of Corporation)
757409
(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 discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
· · · · · · · · · · · · · · · · · · ·
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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