

Requestor's Name

759564

CMD Management, Inc.
3082 Jog Road
Lake Worth, Florida 33467

Refused
Office Use Only

NUMBER(S), (if known):

Film only

- 1. _____ (Corporation Name) _____ (Document #) 300002244779--2
-07/23/97--01021--005
- 2. _____ (Corporation Name) _____ (Document #) ****262.50 ****87.50
- 3. _____ (Corporation Name) _____ (Document #) *DEG*
- 4. _____ (Corporation Name) _____ (Document #)

8-7

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 28, 1997

CMD MANAGEMENT INC.
3082 JOG ROAD
LAKE WORTH, FL 33467

SUBJECT: THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 759564

We have received your document for THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please complete the enclosed refund application and return it to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 997A00037865

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>CMD Management, Inc.</u>	EIN or SS#: <u>59-2728618</u>
Address: <u>3082 Jog Road</u>	
<u>Lake Worth, FL 33467</u>	
Amount: _____	Date Paid: _____
Reason for Claim: <u>87.50</u>	
UNNECESSARY FILING OF REGISTERED AGENT RESIGNATION FOR	
THE FLAGLER YACHT CLUB CONDOMINIUM ASSOCIATION, INC., #759564	
Certified true and correct this <u>1st</u> day of <u>August</u> , 19 <u>97</u>	
XX	Signature <u>Linda Rosenthal, V.P./Sec.</u>
* Must be completed if authority is other than Section 215.26, Florida Statutes. rec. 8/7	

<i>Do Not Write in This Box - For Agency Use Only</i>	
Agency recommends approval of above claim and submits the following information to substantiate the claim. ✓	
Amount of recommended refund \$ <u>87.50</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01021-005</u> , dated <u>07/23/97</u>	
NAME OF ACCOUNT: <u>4520213000145300000000010000</u>	
Statutory Authority for Collection <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19____	
Department of State, Division of Corporations (Agency)	_____ (Authorized Agency Signature and Title)