(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



000079329810

10/02/06--01049--027 **87.50

Ph Ze S

06 DCT -2 PM 3: 03
SEUNLARY UN STATE
OF NEW ANSSEFF, FLORID





FLORIDA OFFICES

FORT LAUDERDALE

MIAMI

BOYNTON BEACH

www.katzkorr.com

LEIGH C. KATZMAN
FERREN L. KORR
RACHEL E. FRYDMAN
DAVID A. KUPPERMAN
MARK M. HEINISH
GUSTAVO G. ALARCON
KENNETH E. ZEILBERGER
TENNILLE M. SHIPWASH
HEATHER J. EDELMAN
MAY HUSTEY
MARY ANN CHANDLER
STEPHEN A. FINAMÖRE

September 29, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: Cristelle Beach Townhomes Association, Inc. Resignation of Registered Agent

Dear Sir / Madam:

Enclosed please find the Resignation of Registered Agent or for a Corporation which has been properly filled out by this office and. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$87.50. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN & KORR, P.A.

Ferren L. Kor., Esc. Managing Partner

FLK:vt Enclosure

cc:

Board of Directors

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	ovisions of sections 6	0/.0502(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned, Katzman & Korr, P.A.			
	-	(Name of Registered Agent)	.
hereby resigns as l	Registered Agent for	Cristelle Beach Townhomes Associat	ion, Inc.
		(Name of Corporation)	
N00000002017	•		
(Document N	Number, if known)		
A copy of this resi	gnation was mailed t	o the above listed corporation at its last kno	wn address.
The agency is tern this statement is fi		e discontinued on the 31st day after the date	on which 06 OCT -2
	(Si	gnature of Resigning Agent)	
If signing on beha	lf of an entity:		PM 3: 03 UF STATE
	Ferren L. Korr, Es	sq.	(IDA
_		(Typed or Printed Name)	
	Katzman & Korr, I	P.A.	
-		(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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