

No20000002581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

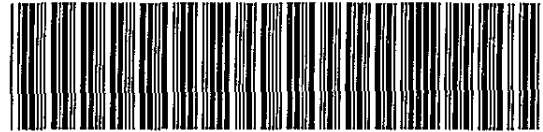
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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No20000002581  
7-11-03  
RAKES 2P CM

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunshine Bay Condominium Association, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** N02000002581

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Fitzgerald  
(Name of person)

Sunshine Bay Condo. Assoc.  
(Name of firm/company)

1441 Lincoln Crt, # 401  
(Address)

Miami Beach, FL 33139  
(City/state and zip code)

For further information concerning this matter, please call:

Sue Fitzgerald at (305) 674 1273  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

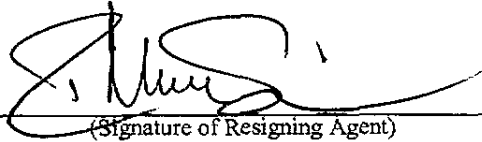
**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Blue sky Real Estate Management, Inc.  
(Name of Registered Agent)  
hereby resigns as Registered Agent for Sunshine Bay Condominium Association  
(Name of Corporation)

N02000002581  
(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)

If signing on behalf of an entity:

R. Maxwell Sheiner  
(Typed or Printed Name)

Community Association Manager  
(Capacity)

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TALLAHASSEE, FLORIDA

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**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