

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : POHL + SHORT, P.A.

Account Number : I2000000182 Phone : (407)647-7645 Fax Number : (407)647-2314

\*\*Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please	**
Email A	ddress:								

### REGISTERED AGENT RESIGNATION BENT OAK AT MEADOWRIDGE HOMEOWNERS' ASSOCIATION, **INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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From: POHL & SHORF, P.A.

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04/10/2012 09:09

#068 P.002/004

850-617-6381

3/22/2012 5:00:00 PM PAGE

1/001 Fax Server



March 22, 2012

#### FLORIDA DEPARTMENT OF STATE

BENT OAK AT MEADOWRIDGE HOMEOWNERS ASSOCIATION, INC. P.O. BOX 1748
WINTER PARK, FL 32790-1748

SUBJECT: BENT OAK AT MEADOWRIDGE HOMEOWNERS' ASSOCIATION/ INC.

REF: N03000007195

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

OUR RECORDS REFLECT THE CURRENT REGISTERED AGENT BEING ANDREW M. GARDNER.

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) 25-6050.

Denlene Connell : Regulatory Specialist II FAX Aud. #: H12000075265 Letter Number: 012A00010003

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#### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	TECT: Bent Oak at Meadowridge Homeowners' Association, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N03000007195
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Jam	nes E. Shepherd
	(Name of Person)
Poh	I & Short, P.A.
	(Name of Firm/Company)
P.O	. Box 280
	(Address)
Win	ter Park, Florida 32790
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Jam	es E. Shepherd at (407) 647-7645  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3:	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divisi Clifto 2661	Mailing Address:  Idment Section On of Corporations On Building Executive Center Circle Classee, FL 32301  Mailing Address:  Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, An	drew M. Gardner
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Bent Oak at Meadowridge Homeowners' Association, Inc.
	(Name of Corporation)
N03000007195	
(Document Number, if known)	<del></del>
	dissontinued on the 31st day after the date on which
(Si <sub>l</sub>	gnature of Resigning Agent)
If signing on behalf of an entity:	PR TO
(	Typed or Printed Name)

#### 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

(Capacity)

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