

NO3000010464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

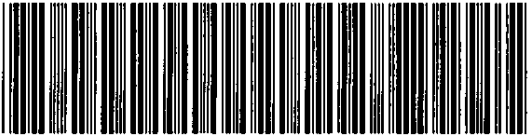
(Business Entity Name)

(Document Number)

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04/16/07--01075--016 \*\*87.50

RA Resign

FILED  
07 APR 16 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOREST CREEK CONDO ASSN, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** NO30000 10464

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:

CYD GREENHALGH  
(Name of Person)

MAP MGMT SERVICES, INC  
(Name of Firm/Company)

S455 A1A SOUTH  
(Address)

ST AUGUSTINE FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

CYD GREENHALGH at (904) 584-1063  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
07 APR 16 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MAY MANAGEMENT SERVICE  
(Name of Registered Agent)

hereby resigns as Registered Agent for FOREST CREEK CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

NO3 0000 10464  
(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)

ANNA M MARKS

If signing on behalf of an entity:

MAY MANAGEMENT SERVICES, INC  
(Typed or Printed Name)

PRESIDENT

(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