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(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PARES
(10) 11/23/09

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Turnberry Reserve Homeowners Association Inc
	(Name of Corporation)
DOC	UMENT NUMBER: N04000004450
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Mark	k Hills
	(Name of Person)
Asso	ociation Solutions of Central Florida
	(Name of Firm/Company)
241	Ruby Avenue
	(Address)
Kissi	immee FL 34741
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	(Name of Person) at (407) 483 - 0956 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the pro	ovisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, th	he undersigned, Association Solutions of Central Florida Inc (Name of Registered Agent)	
hereby resigns as F	Registered Agent for Turnberry Reserve Homeowners Associatio (Name of Corporation)	n Inc
N04000004450		
(Document N	Number, if known)	
A copy of this resig	ignation was mailed to the above listed corporation at its last known add	dress.
The agency is term this statement is fil	ninated and the office discontinued on the 31st day after the date on whiled.	ich
_	(Signature of Resigning Agent)	
If signing on behal	lf of an entity:	
	Mark Hills	
_	(Typed or Printed Name)	
	President	TALL 09
_	(Capacity)	OS NOV 20
	•	SSEE SSEE
	Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	PH 3: 20

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation