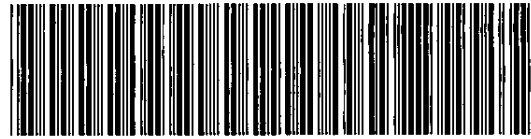


N060000/2018



400215005394

12/12/11--01042--022 \*\*87.50

KA Resp

(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

FILED  
11 DEC 12 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12-13-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Compass Bay Townhome Assn., Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000012018

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:

Lisa Siders  
(Name of Person)

Titan Management LLC.  
(Name of Firm/Company)

1637 E. Vine Street, Suite 200  
(Address)

Kissimmee, FL 34744  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Siders at ( 407 ) 705-2190 ext. 152  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Leland Management  
(Name of Registered Agent)


hereby resigns as Registered Agent for Compass Bay Townhome Association, Inc.  
(Name of Corporation)

N06000012018

(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:

Rebecca Furlow

(Typed or Printed Name)

(Capacity)

**FILED**  
11 DEC 12 11:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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**