

Montclair AT Audubon
Requestor's Name

P.O. Box 110339
Address

Naples, FL 33941
City/State/Zip Phone #

N33556

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time _____
 Mail out Will wait Photocopy Certified Copy
 Certificate of Status

FILED
 99 SEP 10 PM 3:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

CU
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 RA Resignation
 9-10-99
 2 pg

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 *****87.50 *****87.50

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

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

Florida Statutes, the undersigned, BEVERLY KUETER
(Name of registered agent)

hereby resigns as Registered Agent for MONTCLAIR AT AUDUBON
(Name of corporation)
CONDOMINIUM ASSOCIATION, INC.

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]
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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ALLAHASSEE, FLORIDA

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation