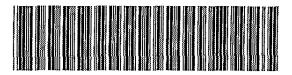
## -N9700000308

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
Ç \ <del>-</del>		
	No. 1 (1981)	18
(Cit	y/State/Zip/Phon	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	ne)
(33		,
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to I	Filing Officer	
Special instructions to a	riniig Onicer.	

Office Use Only



900015851099

04/17/03--01052--021 \*\*87.50

03 APR 18 PM 1: 36

Nat 4. 346

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Encantada at Pembroke Pines Community Association, Inc. (Name of Corporation)
DOCUMENT NUMBER:
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:
Neil Karp (Name of Person)
Phoenix Management Services, Inc. (Name of Firm/Company)
4780 N. State Road 7. Suite 250E (Address)
Lauderdale Lakes, FL 33319 (City/State and Zip Code)
For further information concerning this matter, please call:
Neil Karp  (Name of Person)  at (954) 977-3777  (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## 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, Alfred G. West
(Name of Registered Agent)  Encantada at Pembroke Pines hereby resigns as Registered Agent for Community Association, Inc.  (Name of Corporation)
(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:  APR TO APP TO APR TO APP TO A
Alfred G. West
(Typed or Printed Name)
Past 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