

# N960000001598

Koro...  
 5295 Town Center Rd #200  
 Address  
 Boca Raton, Fla. 33486  
 City/State/Zip Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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

FILED  
 00 APR -7 PM 3:49  
 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

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 -04/05/00--01053--004  
 \*\*\*\*\*87.50

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

N96000001598  
 RA Res on  
 358 4-7-00

Examiner's Initials	
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## MEMORANDUM

**TO:** All Property Managers  
**FROM:** Kevin M. Carroll *KMC*  
**DATE:** June 9, 1997  
**RE:** Resignation of Registered Agent Form

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Attached please find a "Resignation of Registered Agent" form issued by the Florida Department of State. This form is to be utilized whenever Lang Management turns over any records to a successor management company, and Bill is the designated registered agent.

As you will note, there is an \$87.50 fee for filing this document. Recently, we have run into some instances where we have been served on various lawsuits whereby the Association is named as Defendant, and we are served with the suit since Bill is shown as the registered agent, even though we may have given up managing that community a few months prior.

It is very important that this form be completed, signed by Bill, and sent to the Secretary of State's office prior to our turning over the records to any successor management company (assuming Bill or I are the sole signer on the association's account). This will avoid having to deal with the issue after the turnover of records and it will assure us that the form is actually sent in with the appropriate fee.

In cases where we are not the sole signer on the account, then this form is to be completed and presented at the time of turnover of records so that appropriate checks are signed and the form is then mailed to the Secretary of State.

If you have any questions, please let me know.

KMC/tcg

cc: Judy Abramson

*Dept. of State  
Div. of Corp. & Business  
Box 1500  
Tallahassee, FL 32302*

Florida Department of State, Sandra B. Mortham, Secretary of State

## RESIGNATION OF REGISTERED AGENT

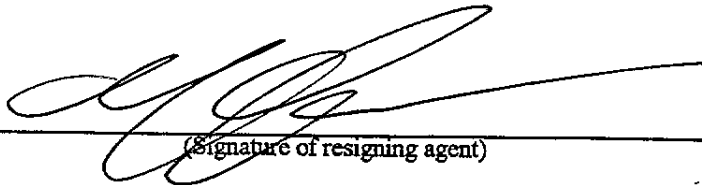
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, WILLIAM K. ISAACSON  
(Name of registered agent)

hereby resigns as Registered Agent for KOKOMO KEY HOMEOWNERS ASSOCIATION, IN.  
(Name of corporation)

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.

X   
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation