MID-FLORIDA PROPERTY MANAGEMENT, INC.

5025 South U.S. Highway 17-92 Casselberry, FL 32707-3815

telephone: 407-830-4074 fax: 407-830-6779

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Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Mid-Florida Property Management, Inc. terminated the management relationship with the Sunset View Homeowners Association, Inc. in Apopka effective February 15, 2002. At that time, the representative of the homeowners association indicated that they would make the necessary changes on the 2002 Uniform Business Report form (change principal place of business address, change mailing address and change the name and address of the registered agent). HOWEVER, when I recently checked the Division of Corporation records (copy enclosed), I noticed that when the homeowners association filed their 2002 UBR, they changed the principal place of business address and the mailing address but not the name and address of the registered agent as they had indicated to me. Therefore, I am enclosing a Resignation of Registered Agent for this not-for-profit corporation with the required fee to remove my name as registered agent of this corporation. You will have to contact the individual listed on your records (Leslie Weaver 2639 Sunset View Circle, Apopka, FL 32703) to notify the homeowners association that they must complete your required form to name a new, different registered agent for their not for corporation.

If you have any questions regarding this matter, please contact me at the address or telephole number listed at the top of this letter. Thank you for your cooperation in this matter?

Sincerely,

William C. Spare, CAM®, CMCA®, AMS® President

WCS/dm mfpm.238



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

Pursuant to th	e provisions of sections 6	07.0502(2), 6	17.050	2(2), 607.1509,	or 617.15	09,	
Florida Statut	es, the undersigned,	William C	. Spa	are .			
				of registered agen	t)		
hereby resigns	s as Registered Agent for	Sunset		Homeowners te of corporation)	Associa	tion	<u>, I</u> n
A copy of this	s resignation was mailed t	o the above li	sted co	rporation at its l	ast known :	addres	s.
The agency is this statement	terminated and the office is filed.	discontinued	on the	31st day after t	he date on v	vhich	
-	W. C.	. 51	مر		ALLAND	02 JUN 2	
If signing on 1	ehalf of an entity:	gnature of resign	ring age:	nt)	ARY OF S SSEE, FL	PH	
	William C. S	Spare Typed or Printed	Name)		TATE ORIDA	կ։ 23	_
•	Community As	•••••		ager			
		(Capacity)					

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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