

N000000000341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

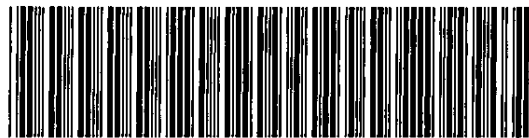
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000075451480

05/31/06--01011--006 **87.50

RA Design

FILED

06 MAY 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 07 2006

KATZMAN & KORR

A Professional Association of Attorneys

FLORIDA OFFICES

FORT LAUDERDALE

MIAMI

BOYNTON BEACH

www.katzkorr.com

LEIGH C. KATZMAN
FERREN L. KORR
RACHEL E. FRYDMAN
DAVID A. KUPPERMAN
MARK M. HEINISH
GUSTAVO G. ALARCON
KENNETH E. ZEILBERGER
TENNILLE M. SHIPWASH
HEATHER J. EDELMAN
MAY HUSTEY
MARY ANN CHANDLER
STEPHEN A. FINAMORE

May 25, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Re: *Saltponds Condominium Association, Inc.*
Resignation of Registered Agent

Dear Sir / Madam:

Enclosed please find the *Resignation of Registered Agent or for a Corporation* which has been properly filled out by this office and. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$87.50. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN & KORR, P.A.



Ferren L. Korrr, Esq.
Managing Partner

FLK:vt

Enclosure

cc: Property Manager
 Account Representative

FILED

06 MAY 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, Katzman & Korr, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Saltponds Condominium Association, Inc.

(Name of Corporation)

N00000000341

(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:

Ferren L. Korr, Esq.

(Typed or Printed Name)

Katzman & Korr, P.A.

(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