

N000000001624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

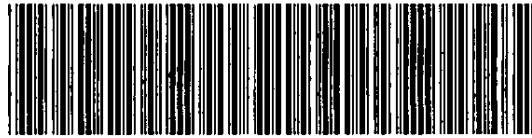
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

20

Office Use Only



100171976161

03/16/10--01019--025 \*\*87.50

FILED  
10 MAR 16 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Resign*  
C.COULLIETTE  
MAR 18 2010  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Regal Pointe Homeowners Assn. Inc.  
(Name of Corporation)

DOCUMENT NUMBER: NO00000001624

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:

Patti Stevens  
(Name of Person)

Community Management Professionals, Inc.  
(Name of Firm/Company)

5401 S. Kirkman Rd. #450  
(Address)

Orlando, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Stevens at (407) 903-9969  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**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,

Community Management Professionals Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for

Regal Pointe Homeowners' Association, Inc.  
(Name of Corporation)

N00000001624  
(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:

Ron Duprey  
(Typed or Printed Name)

President  
(Capacity)

**FILED**  
10 MAR 16 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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