734678

| (Re | equestor's Name) | |
|---|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| (Ru | siness Entity Nan | ne) |
| (2.0 | Emily Man | |
| (Do | ocument Number) | , |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: SANDALWOOD HOMEOWNERS ASSOCIATION, INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: 734678 |
| 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: |
| PAULA MAGNUSON |
| (Name of Person) |
| |
| (Name of Firm/Company) |
| 3167-D GARDENS EAST DRIVE |
| (Address) |
| PALM BEACH GARDENS, FL 33410 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| PAULA MAGNUSON at (561) 452-0103 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 |

TO: Amendment Section

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, JAY S. LEVINE, P.A. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for SANDALWOOD HOMEOWNERS ASSOCIATION, INC. |
| (Name of Corporation) |
| 734678 |
| (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: |
| JAY STEVEN LEVINE |
| (Typed or Printed Name) |
| PRESIDENT OF JAY STEVEN LEVINE, 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withdrawn corporation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