(Red	questor's Name)	
(Add	lress)	
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· (City	/State/Zip/Phone	: #)
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(Doc	cument Number)	-
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TO:

Amendment Section

## **COVER LETTER**

Division of Corporations				
SUBJECT: AZURE LAKE	CONDOMINIUM ASSOCIAITON, INC.			
	(Name of Corporation)			
DOCUMENT NUMBER:	719043			
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:				
KATHERINE C. NUCKOLLS (Name of Person)				
(Name of Fer				
RANDALL K. ROGER & ASSOCIATES, P.A.				
(Name of Firm/Co	ompany)			
621 NW 53rd St., S	Suite 300			
(Address)				
Boca Raton, FL 33487				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Katherine C. Nuckolls (Name of Person)	at ( <u>561</u> ) <u>988 - 5598</u> (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytine 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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			

CR2E046 (04/12)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	us 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	RANDALL K. ROGER & ASSOCIATES, P.A.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for AZURE LAKE CONDOMINIUM ASSOCIATION (Name of Corporation)	N, INC.
719043	TASE 5	٠ ت
(Document Number, if known)	ALA ALA	הד
A copy of this resignation was maile	ed to the above listed corporation at its last known address	FILED
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which	D
Kah	(Signature of Resigning Agent)	
	(Signature of Resigning Agent)	•
If signing on behalf of an entity:		
KA7	HERINE C. NUCKOLLS (Typed or Printed Name)	
	· · ·	
	VICE PRESIDENT	
	(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withdrawn corporation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