# 738666

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#### **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: DELRAY GOLF VIEW CONDO ASSOC. INC (Name of Corporation)  |
| DOCUMENT NUMBER: 738.666  |
| 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:   |
| (Name of Person)  DELPAY GOLF VIEW CONDO ASSIDE. INC. (Name of Firm/Company)  |
| 1106 CCEAN DR (Address)   |
| BOYNTON BOH FL 33426<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Name of Person) at (561) 350 - 5414  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |

#### **Mailing Address:**

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

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  |          |
|--|----------|
| Florida Statutes, the undersigned, CDD MASON (Name of Registered Agent)  |          |
| (Name of Registered Agent)  hereby resigns as Registered Agent for DELRAY GOLF VIEW CONDO ASSOCIATION)  TNO  | <u>_</u> |
| 738666, (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)  |          |
| (Signature of Resigning Agent)  If signing on behalf of an entity:  AHASSET  AHASSET |          |
| (Typed or Printed Name)  (Typed or Printed Name)  (Typed or Printed Name)  |          |
| (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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