## 745611

(Re	questor's Name)		
(Ad	dress)		
(Add	dress)		
· (Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Harbor Woods Village Home Owners Association, Inc.
	(Name of Corporation)
DOCI	UMENT NUMBER: 745611
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Davi	d Steele
	(Name of Person)
Harb	oor Woods Village Home Owners Association, Inc
	(Name of Firm/Company)
5 Ba	y Hill Court
•	· · (Address)
Safe	ty Harbor, FL 34695
······································	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
John	Bozmoski at ( 727 ) 538-4680
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## 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,John Bozmoski, Jr. (Name of Registered Agent)	
hereby resigns as Registered Agent for Harbor Woods Village Home Owners Association	و۔
(Name of Corporation)  745611  (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.	
(Signome of Besigning Agent)	
If signing on behalf of an entity:	D1V10
(Typed or Printed Name)	유>~
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(Capacity)	ATTON

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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