

761818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

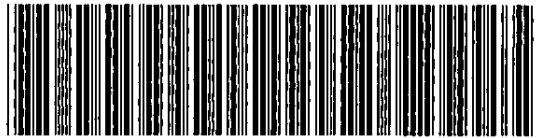
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/24/07--01029--008 \*\*35.00

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2007

COASTAL MANAGEMENT SERVICES  
POST OFFICE BOX 1407  
PORT RICHEY, FL 34673

SUBJECT: VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 761818

We have received your document for VILLAGE OF GLENWOOD CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Document Specialist

Letter Number: 607A00057035

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Village of Glenwood Condo  
(Name of Corporation)

**DOCUMENT NUMBER:** 761818

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:

Jeanette Harrington  
(Name of Person)

Village of Glenwood Condo  
(Name of Firm/Company)

6710 Embassy Blvd Suite 204  
(Address)

Pont Richey FL 34668  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Mary Ana Myszkowiak

(Name of Registered Agent)

hereby resigns as Registered Agent for Village of Glenwood Condo

(Name of Corporation)

761818

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**FILED**  
07 OCT 23 PM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**