N00000004214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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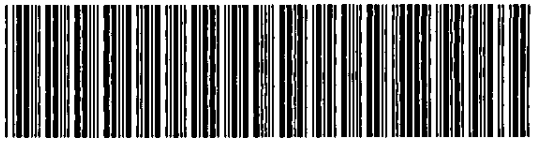

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12 MAR 12 PM 1:03

RA Resign

MAR 14 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HARBOUR COVE VILLAGE HOMEOWNERS ASSOCIATION, INC
(Name of Corporation)

DOCUMENT NUMBER: N00000004214

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:

GARY D. DUNN
(Name of Person)

DUNN ASSOCIATION MANAGEMENT PARTNERS
(Name of Firm/Company)

16500 PANAMA CITY BEACH PARKWAY SUITE B
(Address)

PANAMA CITY BEACH FL 32413
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY DUNN at (850) 814-4080
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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12 MAR 12 PM 1:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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, DUNN ASSOCIATION MANAGEMENT PARTNERS, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for HARBOUR COVE VILLAGE HOMEOWNERS Association, Inc.
(Name of Corporation)

N00000004214
(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.

X
(Signature of Resigning Agent)

If signing on behalf of an entity:

GARY DUNN, DUNN ASSOCIATION MANAGEMENT
(Typed or Printed Name)

MANAGING PARTNER
(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