

# NO/569

Yvonne House Condominium Association, Inc.  
1700 West 58<sup>th</sup> Street  
Hialeah, FL 33012

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

R000002877638--5  
 -05/17/99--01120--016  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 99 MAY 17 PM 1:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

MAY 25 1999

Examiner's Initials

TU

May 27, 1999

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

ATT: THELMA LEWIS

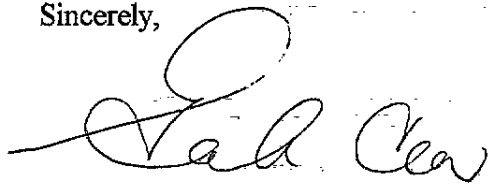
RE: Yvonne House Condominium Association, Inc.

Dear Ms. Lewis:

Enclosed please find the Resignation of Registered Agent in lieu of the Statement of change of registered office or registered agent or both for corporations, as per our conversation. You advised me that you would accept the \$87.50 which was already paid but that I had completed the incorrect form. Please remove my name as registered agent as soon as possible.

I greatly appreciate all of your help with this matter and if you should have any questions, please feel free to contact me at (305) 557-3332.

Sincerely,



GRACIELA CORVO

FILED  
99 MAY 17 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT**


Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, GRACIELA CORVO  
(Name of registered agent)

hereby resigns as Registered Agent for YVONNE HOUSE CONDOMINIUM ASSOCIATION, INC.  
(Name of corporation)

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:

GRACIELA CORVO  
(Typed or Printed Name)

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

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation

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