

N02000007349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

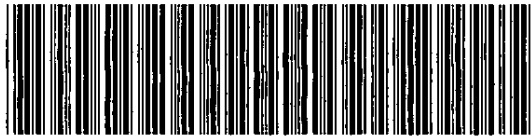
(Business Entity Name)

(Document Number)

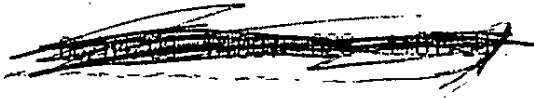
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2008 AUG -5 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Lewis  
8-11-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hernando Dads Master Association  
(Name of Corporation)

**DOCUMENT NUMBER:** NO2000007349

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:

Barbara Halbrooks  
(Name of Person)

Hernando Dads Golf Club  
(Name of Firm/Company)

5230 Delacroix Dr.  
(Address)

Bronxville, FL 34604  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Halbrooks at (352) 799-9908  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT 2008 AUG -5 PM 12: 34  
FOR A CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, Bampart Properties, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Hernando Oaks Master Association, Inc.  
(Name of Corporation)

NO2000007349  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Kelly A. Moran  
(Typed or Printed Name)

Vice President  
(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