# N02000008685

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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10/04/12--01013--028 \*\*87.50



RA Resign

OCT 1 9 2012

T. LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Harbor Grove Property Owners (Name of Corporation)
DOCUMENT NUMBER: NO2 00008685
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:
Jack Hanson (Name of Person)
Merose Management (Name of Firm/Company)
1600 M. Colonial Drive (Address)
Orlanda FL 32804 (City/State and Zip Code)
For further information concerning this matter, please call:
Jack Hunson at (40) 278 - 4181 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2012

JACK HANSON MELROSE MANAGEMENT 1600 W. COLONIAL DRIVE ORLANDO, FL 32804

SUBJECT: HARBOR GROVE PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N02000008685

We have received your document for HARBOR GROVE PROPERTY OWNERS ASSOCIATION, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 212A00024857

RECEIVED 12 OCT 19 AHTH: OL

FILED
ROCT 19 PH 12: 32
CRETARY OF STATE

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

E. FLORIA
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MINSC-SOVERUM COMPUNES
hereby resigns as Registered Agent for Hurbor Grove Property Owners (Name of Corporation) Association, Inc.
N0200008685
(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.

(Sign; time of Resigning Agent)

If signing on behalf of an entity:

(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