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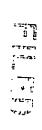
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations
SUBJECT: BONTERRA HOMEDWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: NO 3 000005145
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:
WILLIAM POWERS  (Name of Person)
(Name of Person)
(Name of Person)  MELROSE MANAGEMENT PARTNER SHIP  (Name of Firm/Company)
(Name of Firm/Company)
3527 PALM HARBOR BLVD.
(Address)
PALM HARBOR, FL 34683
(City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM POWERS at (407) 228-4/8/ (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Alea Code & Daytine 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### **Mailing Address:**

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

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MELR DSE MANAGEMENT PARTNERSHIP (Name of Registered Agent)  hereby resigns as Registered Agent for BONTERRA HOMEOWNERS ASSOCIATION (Name of Corporation)
(Name of Corporation)
N 03 00000 5145 (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)
William Powers September 1997
(Typed or Printed Name)  RESIDENT  NOTE: The state of the
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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