## N0300000569

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ASHFORD PARK TOWN HOME OWNERS ASSOCIATION, IN  (Name of Corporation)  DOCUMENT NUMBER: NO 3 00000 5659
DOCUMENT NUMBER: NO 3 00000 5659
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:
KEVIN M. DAVIS (Name of Person)
(Name of Person)
COMMUNITY MANAGEMENT SPECIALISTSINC (Name of Firm/Company)
1942 West County Ports 419, Suite 1630 (Address)
Oriedo R 32766 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 3597202 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046 (04/12)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

77.0502(2), 617.0502(2), 607.1509, or 617.1509,
(Name of Registered Agent)
Community Munualment Specialists Inc (Name of Registered Agent)  Ashford Para Town Home Assa, Inc (Name of Corporation)
<del>_</del>
the above listed corporation at its last known address.
discontinued on the 31st day after the date on which
Typed or Printed Name)  SECRETARY  (Capacity)  (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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