N050000002429

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300242288993

12/13/12--01011--001 **87.50

12 DEC 13 AM 9: 111

SEGRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Highgate Park Homeowners Association	
(Name of Corporat	ion)
DOCUMENT NUMBER: N05000002429	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Theresa Sutherland	
(Name of Person)	-
Sutherland Management Inc.	
(Name of Firm/Company)	-
107 N. Line Drive	
(Address)	•
Apopka, FL 32703	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Theresa Sutherland (Area Code (Area (Area Code (Area (Area (Area (Area (Area (Area (Area (Area (Are	774-7262 & Daytime Telephone Number)
(Ivalile of Ferson) (Alea Code	e Daytine Telephone (Minute)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

فوارها أرا

Pursuant to the pro		07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, th	e undersigned. The	eresa ^D Sutherland	
		(Name of Registered Agent)	_
hereby resigns as R	egistered Agent for	Highgate Park Homeowners Association	
	-8	(Name of Corporation)	
N050000024	129		
(Document N	mber, if known)		
A copy of this resig	nation was mailed to	o the above listed corporation at its last known address	ss.
The agency is term this statement is file	ed. Olkeus	discontinued on the 31st day after the date on which which agent and the signing Agent)	
If signing on behalf	of an entity:		
<u>T</u>	heresa Suthe		
	(Typed or Printed Name)	
F	resident		12 0
		(Capacity)	DEC 13
			<u> </u>

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation EC 13 AM 9: IFF

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