

No50000002795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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500086431295

Resignation

RA

01/31/07--01004--021 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JAN 31 PM 4:15

FILED

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2/1/07

**LOWNDES
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GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
South Orange Avenue Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

January 25, 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7004 1160 0001 0765 0996

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

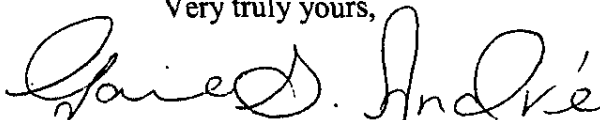
**Re: SOUTHPORT BAY PHASE I
HOMEOWNERS' ASSOCIATION, INC.
Charter No. N05000002795**

Dear Sir/Madam:

Enclosed herewith please find the Resignation of Registered Agent for the above-referenced corporation, together with our firm's check number 190878 payable to the Florida Department of State in the amount of \$87.50 representing the filing fee.

Please file upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
William A. Beckett

GSA/cj
Enclosures
c: William A. Beckett, Esquire
0001036/114028/883001/12

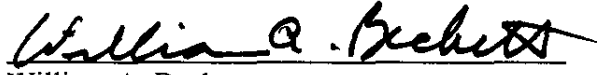
FILED

RESIGNATION OF REGISTERED AGENT

2007 JAN 31 PM 4:15

I, WILLIAM A. BECKETT, hereby resign as Registered Agent for **PHASE I HOMEOWNERS' ASSOCIATION, INC.**, Charter No. **005000002795**, whose last registered office is located at 215 North Eola Drive, Orlando Florida 32801, said resignation to be effective seven (7) days from the date hereof.

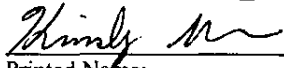
I hereby certify that on this 18th day of January, 2007, I have mailed a copy of this notice by certified mail, return receipt requested to Southport Bay Phase I Homeowners' Association, Inc., to the corporation's principal mailing address at 1105 Kensington Park Drive, Altamonte Springs, Florida 32714.


William A. Beckett

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me
this 18th day of January
by William A. Beckett who is personally
known to me or who produced

_____ as identification.


Printed Name: _____
Notary Public, State of Florida
Commission Number: _____
My Commission Expires: _____



Kimberly Ricci
My Commission DD288797
Expires February 02, 2008