N05000003342

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
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R.A. Resign.

TB FEB - 1 2010

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Hamilton Park of Pa	sco County	Homeowne of Corporation	r's Association, Inc.	
	NO50	`	or corporation	, , , , , , , , , , , , , , , , , , ,	
DOC	UMENT NUMBER: NO50	00003342			
The er	nclosed Resignation of Regis	tered Agent fo	or a Corporat	tion and fee are submitted for filing.	
Please	return all correspondence co	ncerning this	matter to the	e following:	
	JACK HANS	ON			
	(Name of Pers	son)			
• р	MELROSE-SOVEREIG	N COMPAN	IES		
-	(Name of Firm/Co	mpany)			
	1600 WEST COLON	NAL DRIVE		•	
	(Address)				
	ORLANDO, FL	32804		•	
	(City/State and Zi	Code)	· · ·		
For fur	ther information concerning	this matter, p	lease call:		
,	JACK HANSON	at (407)	228-4181 & Daytime Telephone Number)	
	(Name of Person)		(Area Code &	& Daytime Telephone Number)	
Enclos or \$35.	ed is a check made payable t 00 for an administratively di	o the Florida ssolved, volu	Departme <u>nt</u> ntarily dissol	of State for \$87.50) for an active corporated or withdrawn corporation.	ation
Amend Divisio Clifton 2661 E	Address: ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	Mailing Ad Amendmen Division of Post Office Tallahassee,	t Section Corporations Box 6327		

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•					
	ON OF REGISTERED AGENT	617.1509, C.S.			
FOR	R A CORPORATION	SAFER THE STATE OF			
Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or	617.1509,			
	JACK B. HANSON				
	(Name of Registered Agent)	***			
hereby resigns as Registered Agent for	(Name of Registered Agent) Hamilton Park of Pasco County Homeowners (Name of Corporation) Association, Inc.				
N05000000040	(Name of Corporation)	Association, Inc.			
N05000003342	-				
(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 this statement is filed.	discontinued on the 31st day after the d	ate on which			
	52				
	natur of Resigning Agent)				
If signing on behalf of an entity:	/)				
Τ)	yped or Printed Name)				
·	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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