

NO500000 8576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

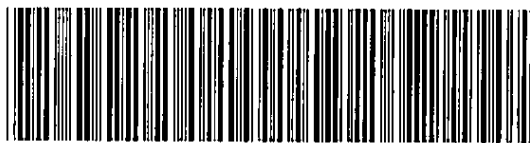
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332682413

08/12/19--01037--002 **87.50

FILED
2019 AUG 12 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 15 2019
C. Kinser

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paradise Palms Resort HOA, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N05000008576

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:

Nancy Soler

(Name of Person)

Vista Community Association Management

(Name of Firm/Company)

323 Circle Drive

(Address)

Maitland FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Yamada

(Name of Person)

at (407) 682-3443

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Vista Community Association Management

(Name of Registered Agent)

hereby resigns as Registered Agent for Paradise Palms Resort HOA, Inc.

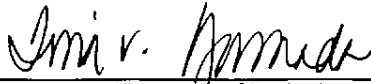
(Name of Corporation)

N05000008576

(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)

If signing on behalf of an entity:

Vista Community Association Management

(Typed or Printed Name)

Managing Member

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

FILED
2019 AUG 12 PM 12:11
SECTION 607.0502(2)
TALLAHASSEE, FL

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