

Oct. 4. 2007 3:27PM

J. J. DAMONTE

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N05000011980

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JONATHAN JAMES DAMONTE, CHARTERED
Account Number : I20060000006
Phone : (727) 586-2889
Fax Number : (727) 581-0922

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 OCT -4 AM 9:57

REGISTERED AGENT RESIGNATION

PALM OF MADEIRA RESORT CONDOMINIUM ASSOCIATION, INC.

RECEIVED
2007 OCT -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm of Madeira Resort Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N05000011980

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:

Jonathan James Damonte

(Name of Person)

JONATHAN JAMES DAMONTE, CHARTERED

(Name of Firm/Company)

12110 Seminole Blvd.

(Address)

Largo, FL 33778

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan James Damonte

(Name of Person)

at (727) 586-2889

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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No. 9500 FILED P. 3
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 OCT -4 AM 9:57

**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, DAVID STARUCH

(Name of Registered Agent)

hereby resigns as Registered Agent for Palm of Madeira Resort Condominium Association, Inc.

(Name of Corporation)

N05000011980

(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:

(Typed 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

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