

N 06 00000 3616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

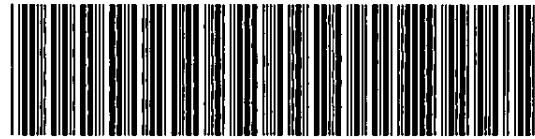
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253132024

11/04/13--01012--026 **35.00

PA Resign

11/7/13

DC

13 NOV - 4 PM 4:50
RECEIVED
FEB 11 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oak Glen Condo Assoc Inc
(Name of Corporation)

DOCUMENT NUMBER: NO6000003616

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:

GARY A. PACHE II
(Name of Person)

CAMELOT PROPERTY MGMT & REAL ESTATE SVCS INC
(Name of Firm/Company)

700 E. ATLANTIC BLVD #303
(Address)

POMPANO BEACH FL 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Driscoll at (954) 586-4880 X300
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Camelot Property Management & Real Estate Services Inc
(Name of Registered Agent)

hereby resigns as Registered Agent for OAKGLEN CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

NO6000003616
(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:

GARY A. Packe II
(Typed or Printed Name)

Managing Broker/Agent
(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

13 NOV - 4 PM 14 50