

107000002472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

09/27/12--01011--001 \*\*437.50

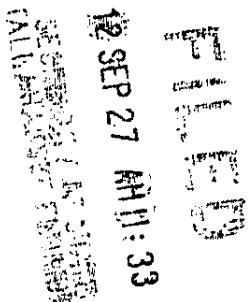
(Document Number)

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OCT 01 2012  
T. ROBERTS

# BECKER & POLIAKOFF

ADMINISTRATIVE OFFICE  
3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312  
954.987.7550

WWW.BECKER-POLIAKOFF.COM  
BP@BECKER-POLIAKOFF.COM

September 24, 2012

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent

Dear Sir or Madam:

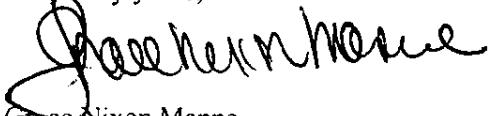
Enclosed are Resignations of Registered Agent for the following corporations:

FLORIDA OFFICES  
BOCA RATON  
FORT MYERS  
FORT WALTON BEACH  
HOLLYWOOD  
HOMESTEAD  
KEY WEST\*  
MELBOURNE\*  
MIAMI  
MIRAMAR  
NAPLES  
ORLANDO  
PORT ST. LUCIE  
SARASOTA  
TALLAHASSEE  
TAMPA BAY  
WEST PALM BEACH

1. The Residences at Coconut Point I Condominium Association, Inc.
2. The Residences at Coconut Point II Condominium Association, Inc.
3. The Residences at Coconut Point III Condominium Association, Inc.
4. The Residences at Coconut Point IV Condominium Association, Inc.
5. The Residences at Coconut Point Master Association, Inc.

Also enclosed is this Firm's check in the amount of \$437.50 representing your fee of \$87.50 per resignation.

Very truly yours,



Grace Nixon Manne

GNM/cz

cc: Mr. Gerald Kosene

Enclosure

ACTIVE: 4131819\_1

Emerald Lake Corporate Park  
3111 Stirling Road  
Fort Lauderdale, Florida 33312-6525  
Phone: (954) 987-7550 Fax: (954) 985-4176

Mailing Address:  
P.O. Box 9057  
Ft. Lauderdale, FL 33310-9057

Reply To:  
Grace Nixon Manne, Esq.  
Direct dial: (954) 985-4175  
GManne@becker-poliakoff.com

\*by appointment only

## 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, Becker & Poliakoff, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for The Residences at Coconut Point Master Association, Inc.  
(Name of Corporation)

N07000002472

(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)

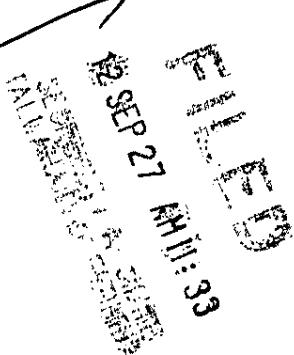
If signing on behalf of an entity:

Gary C. Rosen

(Typed or Printed Name)

President

(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