

No 7000002479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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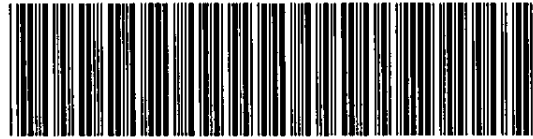
(Business Entity Name)

(Document Number)

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T. ROBERTS

BECKER & POLIAKOFF

**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**

**ADMINISTRATIVE OFFICE
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312
954.987.7550**

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

September 24, 2012

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

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:

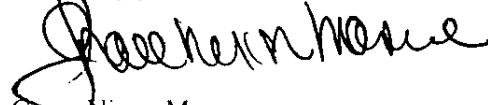
FLORIDA OFFICES

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FORT MYERS
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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

U.S. & GLOBAL OFFICES
NEW YORK, NEW YORK
WASHINGTON, D.C.
MORRISTOWN, NEW JERSEY
RED BANK, NEW JERSEY
PRAGUE, CZECH REPUBLIC

**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 I Condominium Association,
(Name of Corporation) Inc.

N07000002479

(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**

FILED
12 SEP 27
PM 11:32
STATE OF FLORIDA
TALLAHASSEE