

NO7000008731

(Requestor's Name)

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T. ROBERTS



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:

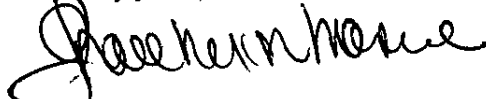
Enclosed are Resignations of Registered Agent for the following corporations:

FLORIDA OFFICES
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

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 III Condominium

(Name of Corporation)

Association, Inc.

N07000008731

(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)

FILED
19 SEP 27 PM 11:33
TALLAHASSEE, FL

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**