N14 000 000 665

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	ľ
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Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: Waterview Community Homeowr	ner's Association, Inc. Name of Corporation)	
DOCUMENT NUMBER:	N1400000665	
The enclosed Resignation of Registered Ager	nt for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Patti Ferris		
(Name of Person)		
Evergreen Lifestyles Management LLC (Name of Firm/Company)		
2100 S Hiawassee Rd		
(Address)	 _	
Orlando, FL 32835		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Patti Ferris (Name of Person)	at (321) 558-6502 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

TO: Amendment Section

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned. Evergreen Lifestyles Management, LLC (Name of Registered Agent)		
N14000000665		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known ad-	dress.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	ich	
Patti Viis		
(Signature of Resigning Agent)		
If signing on behalf of an entity:	2021 APR	
Patti Ferris	7 7	
(Typed or Printed Name)		
Executive Director Support Services	ြို့ ထု 🖳	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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