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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MARTIN'S GARDENS HOMEDWNERS ASSOCIATION IN ALLIE DONNERS ASSOCIAT
DOCUMENT NUMBER: 1017 00000 560 2
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:
JACK B. HANSON (Name of Person)
(Name of Person)
(Name of Firm/Company)
3527 PALM HARBOR BLUD.
3527 PALM HARBOR BLVD (Address) PALM HARBOR, FL. 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) ACK B HANSON at (407) 228-4/8/ (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

445 4500	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	1
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 Florida Statutes, the undersigned, ACKB HANSON (Name of Registered Agent)	
hereby resigns as Registered Agent for MARTIN'S GARDENS HOMED (Name of Registered Agent) (Name of Corporation)	0 5
LANGER OF PRINCES AGENT FOR MARTIN'S GARDENS HOMED	WNERS
(Name of Corporation)	TIME INC
N14000003682	C1771007
(Document Number, if known)	e.
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.
The agency is terminated and the office discontinued on the 31st day after the date on verthis statement is filed.	vhich
- Salar - Carlotte - C	
(Signatur of Resigning Agent)	
If signing on behalf of an entity:	
JACK B. HANSON	<u> </u>
(Typed or Printed Name)	
TACK B. HANSON (Typed or Printed Name) PLESIDENT (Capacity)	FILED NIT PH
(Capacity)	PH 4: 1
l l	
Fee for filing this document:	en e
\$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withdrawn corporation	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