

141166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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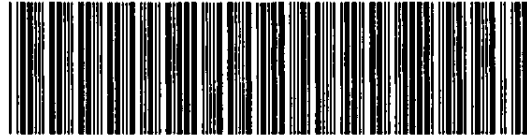
(Business Entity Name)

(Document Number)

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13 JAN 30 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 31 2013  
T. LEMIEUX  
R. S. ix

**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, St. John Core & Lemme, P.A.

(Name of Registered Agent)

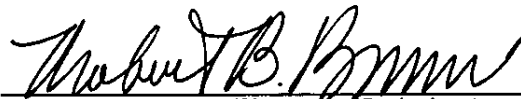
hereby resigns as Registered Agent for Sandalwood at Boynton Beach Homeowners Association, Inc.  
(Name of Corporation)

N14166

(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)

ROBERT B. BURR ESQ  
FBN 820687

If signing on behalf of an entity:

St. John Core & Lemme, P.A.

(Typed or Printed Name)

partner of firm

(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withdrawn corporation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

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13 JAN 30 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sandalwood at Boynton Beach Homeowners Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N14166

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:

**Scot Gerrish**

(Name of Person)

**CMC Management**

(Name of Firm/Company)

**2950 Jog Road**

(Address)

**Greenacres, FL 33467**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Robert Burr**

(Name of Person)

at (561) 655-8994

(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