

# N16000008577

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 06 2021

S. YOUNG

2021 JAN 22 PM 11:45

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Stafford Place Neighborhood Homeowners Association, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N16000008577

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:

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 matter, please call:

Patti Ferris at ( 321 ) 558-6502  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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)

hereby resigns as Registered Agent for Stafford Place Neighborhood Homeowners Association, Inc.  
(Name of Corporation)

N16000008577

(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.

Patti Ferris

(Signature of Resigning Agent)

If signing on behalf of an entity:

Patti Ferris

(Typed or Printed Name)

Executive Director Support Services

(Capacity)

2021 JAN 22 PM 11:45

**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withdrawn corporation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

# CHECK REQUEST INVOICE

DATE: 1/18/2021  
INVOICE # 1182021  
DUE DATE: 1/20/2021

Florida Department of State

Div of Corporations, P O Box 6327, Tallahassee, FL 32314


☐ Association

☒ Vendor

3151 Stafford Place

Resignation of Registered Agent	1999	\$ 87.50

Please remember to attach all receipts!



TOTAL DUE \$ 87.50

Authorized by: