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(Re	questor's Name)	 -
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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SECLETARY OF STATE
DIVISION OF CORPORATION

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RARCS 021.12

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Hunter's Ridge HOA	
(Name of Corporati	on)
DOCUMENT NUMBER: N21638	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Hugh Townsend	
(Name of Person)	
(Name of Firm/Company)	
9701 Hermosillo Drive	
(Address)	
New Port Richey FL 34655	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Hugh Townsend at (727	₎ 3726615
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Mary Ann Myszkowiak
(Name of Registered Agent)
hereby resigns as Registered Agent for Hunter's Ridge HOA
(Name of Corporation)
N21638
(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)
(Organitate of Resigning Agent)
If signing on behalf of an entity:
Mary Ann Myszkowiak
(Typed or Printed Name)
12 Vis
Registered Agent
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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