N 25579

(Address) (Address) (City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
(Only out to 2 pri mono ny		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

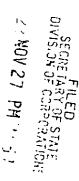
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Fairway Cove Homeowners Association, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: N25579
The er	nelosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Lisa W	cathers
	(Name of Person)
Leland	Management, Inc.
	(Name of Firm/Company)
6972 L	ake Gloria Blvd.
	(Address)
Orland	o, F1. 32809
	(City State and Zip Code)
For fu	rther information concerning this matter, please call:
Accour	nting Manager - Angela Palanza 407 982-3137
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

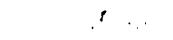
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	Leland Management, Inc.
, ,	(Name of Registered Agent)
hereby resigns as Registered Age	nt for Fairway Cove Homeowners Association, Inc.
neredy resigns as registered rige	(Name of Corporation)
N25579	
(Document Number, if known)	
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which Lecta Tur Dur (Signature of Resigning Agent)
If signing on behalf of an entity:	MON SUSSIAN
Rebecca Furlow	27
	(Typed or Printed Name)
President	
-	(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



Leland Management

6972 Lake Gloria Blvd.

Orlando, FL 32809

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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