

N 29759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700358072247

RECEIVED

JAN 19 2021

01/20/21--01011--018 \*\*87.50

S TALLENT  
MAR 02 2021

2021 JAN 19 AM 11:48

*RA Resun*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fairway Oaks HOA  
(Name of Corporation)

**DOCUMENT NUMBER:** N29759

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:

Bill Stevens  
(Name of Person)

Fairway Oaks HOA  
(Name of Firm/Company)

14153 Foursome Dr  
(Address)

Hudson FL 34667  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann Syrascki at (727) 859-9734  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, MaryAnn Syrak  
(Name of Registered Agent)

herby resigns as Registered Agent for Fairway Oaks Homeowners' Association, Inc.  
(Name of Corporation)

N29759  
(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)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

2021 JAN 19 AM 11:48

**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withdrawn corporation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**