# N36452

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/12/12--01017--020 \*\*210.00

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AUG 2 8 2012 C. MUSTAIN





#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: PALMA VISTA CONDO ASSOC. OF HILLLSBOROUGH CO., INC.

(Name of Corporation)

DOCUMENT NUMBER: N36452

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:

## MARY A. WHITE

(Name of Person)

QUALIFIED PROPERTY MANAGEMENT, INC.

(Name of Firm/Company)

5901 US HWY. 19, STE. 7Q

(Address)

**NEW PORT RICHEY, FL 34652** 

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY A. WHITE

(Name of Person)

at (727) 869-9700

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2012

MARY A. WHITE 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652

SUBJECT: PALMAVISTA CONDOMINIUM ASSO

ASSOCIATION

OF

HILLSBOROUGH COUNTY, INC.

Ref. Number: N36452

We have received your document for PALMAVISTA CONDOMINIUM ASSOCIATION OF HILLSBOROUGH COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 112A00018711

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of s	ections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersign	ed. QUALIFIED PROPERTY MANAGEMI	ENT. INC.
r fortua statutes, the undersign	(Name of Registered Agent)	D'co -
hereby resigns as Registered A	agent for PALMA VISTA CONDO ASSOC., OF (Name of Corporation)	HILLSBOR
N36452	(Name of Corporation)	FILE 3 23 7 Sg
(Document Number, if know	wn)	PH F
A copy of this resignation was	mailed to the above listed corporation at its last known	own address.
The agency is terminated and this statement is filed.	the office discontinued on the 31st day after the date (Signature of Resigning Agent)	on which
If signing on behalf of an entit	у:	
QUALIFIE	ED PROPERTY MANAGEMENT, INC.	
	(Typed or Printed Name)	
CEO		_
	(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