

N43566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALABAMA

N43566  
3531 RA Res  
CM 3-29-04

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: overtown villas section I townhouse  
(Name of Corporation) HOMEOWNERS ASSOC. I

DOCUMENT NUMBER: N 43566

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:

DAVID I. SCHLOSBERG  
(Name of Person)

TOTAL BANK  
(Name of Firm/Company)

2720 CORAL WAY  
(Address)

Miami, Florida 33145  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID SCHLOSBERG at ( 305 ) 476-6269  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
409 E. Gaines Street  
Tallahassee, FL 32399

Check# 40608879

For \$70.00 is enclosed.

This includes resignation fee for  
Overtown Villas Sec. I

CR2E046(11/02) AND Baywest Townhomes.

**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, DAVID F SCHLOSBERG  
(Name of Registered Agent)

hereby resigns as Registered Agent for OVERTOWN VILLAS SECTION I  
TOWNHOUSE HOMEOWNERS ASSOCIATION, A  
(Name of Corporation)

N-43566  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

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

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

04 MAR 29 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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withdrawn corporation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