## N43566

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cì	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bi	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only

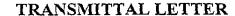


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TO:	Amendment Section
	Division of Corporations

SUBJECT: OVER TOWN VILLAS SECTION I TOWNHOUSE (Name of Corporation) Homeowners ASSUC.
DOCUMENT NUMBER: V 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. SCHLOS DER G (Name of Person)
Name of Firm/Company)
2720 CORAL WAY
MIN MI, FLARIDA 33145 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID ScHLOS DERG— 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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# 406008879

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, DAVISTSCHLOSDER 6- (Name of Registered Agent)
hereby resigns as Registered Agent for <u>OVERTOWN VILLAS SECTION</u> II.  TOWNHOUSE Name (45) megawwers ASSOCIATION;
W_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 of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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