

N49137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

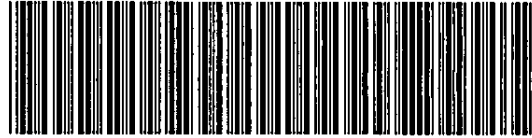
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900278296229

RA Resignation

10/22/15--01018--018 **87.50

FILED
2015 OCT 22 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015
RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WINDSOR PLACE HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation)
N49137

DOCUMENT NUMBER: _____

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:

Brett M Jordan

(Name of Person)

Specialty Management Company

(Name of Firm/Company)

882 Jackson Avenue

(Address)

Winter Park, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Brett M Jordan

407 647-2622

at (_____) _____

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2015 OCT 22 PM 4:52

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 or 617.1509 of the
Florida Statutes, the undersigned, Brett M Jordan SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Registered Agent)

hereby resigns as Registered Agent for Windsor Place Homeowners' Association, Inc.

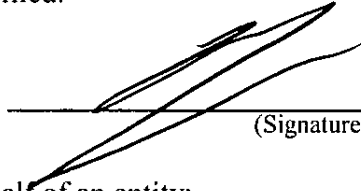
(Name of Corporation)

N49137

(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