

N 49247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

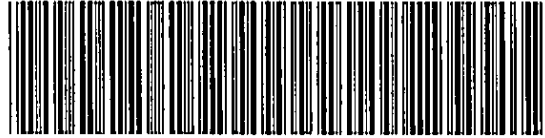
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Ms. Syrakski gave
authorization to
correct application
1/4
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DIVISION OF CORPORATIONS
18 JAN -23 PM 3:36

Ra Resignation

JAN 4 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HarborPointe Homeowners Association, INC.
(Name of Corporation)

DOCUMENT NUMBER: N49247

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:

MaryAnn Syraski

(Name of Person)

Coastal HOA Management Serv inc

(Name of Firm/Company)

6454 Ridge Rd

(Address)

Port Richey FL 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

MaryAnn Syraski at (727) 859-9734
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Coastal HOA Management Serv., Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for HarborPointe Homeowners Association, INC.

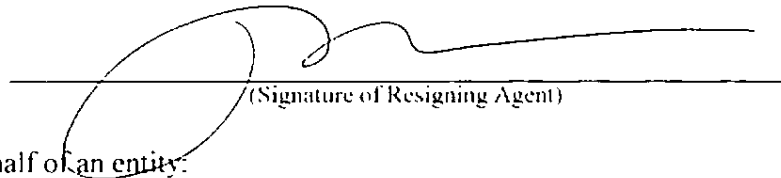
(Name of Corporation)

N49247

(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:

MaryAnn Syraski

(Typed or Printed Name)

Owner

(Capacity)

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DIVISION OF CORPORATIONS
18 JAN -8 PM 3:34

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