

N93000000543

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BAY WEST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N93000000543

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

406008879  
CK # ~~4600~~  
FOR \$70.00

ENC. INCLUDES RESIGNATION  
FEE FOR OVERTOWN VILLAS SEC. II  
AND BAY WEST 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 SCHLOSBERG

(Name of Registered Agent)

hereby resigns as Registered Agent for BAY WEST TOWNHOMES HOMEOWNERS  
ASSOCIATION, INC.

(Name of Corporation)

N93000000543

(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.

*David Schlosberg*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

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

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

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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withdrawn corporation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