N94000002014

(R	equestor's Name)
(A	ddress)	
(A	ddress)	· · · · · ·
(C	ity/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Na	ime)
(D	ocument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	

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resignation

11/04/10--01012--020 **87.50

FILED
2010 BOV -4 PM 57

11 /5/10

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Aloma Woods Homeowners Association, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: N94000002014		
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:		
Anne Smith		
(Name of Person)		
Pinnacle Property Management, LLC		
(Name of Firm/Company)		
1511 East SR 434, Suite 3001		
(Address)		
Winter Springs, FL 32708		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Anne Smith at (407) 977-0031		
Anne Smith at (407) 977-0031 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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		
Committee of the second se		
1504 EALCR VIII, U. 48 700 ; (3.54m/s)		



RESIGNATION OF REGISTERED AGENT 10V -4 PM 5: 03 FOR A CORPORATION

SECRETARY OF STATE TALL'AHASSEE FLORID

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pinnacle Property Management, LLC (Name of Registered Agent)
hereby resigns as Registered Agent for Aloma Woods Homeowners Association, Inc. (Name of Corporation)
N9400002014
(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:
TWE M. SMITH (Typed or Printed Name)
MGENT
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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