N9400004724

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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April 14, 2010

LESLIE LUDLAM A.M.G. 101 PARK PLACE BLVD, STE 2 KISSIMMEE, FL 34741

SUBJECT: CYPRESS POINT AT ST. CLOUD HOMEOWNER'S ASSOCIATION,

INC.

Ref. Number: N94000004724

We have received your document for CYPRESS POINT AT ST. CLOUD HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 310A00009132



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cypress Point at St. Claud Homeonners Association (Name of Corporation)
DOCUMENT NUMBER: 1940000 4724
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:
Leslie Ludlam (Name of Person)
Association Management Group of Central FL. Inc. (Name of Firm/Company)
101 Park Place Blvd, Suite 2
hissimmee FL 34741 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (407) At 7-9950 (Area Code & Davtime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

Florida Statutes, the undersigned, Association Management (Trace of Central He (Name of Registered Agent)	ر ار
hereby resigns as Registered Agent for Cypress Point at St. Cloud Home owner's (Name of Corporation) ASS XIATION, INC.	
(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:	
Leslie Ludlan (Typed or Printed Name)	
Agent. (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