

N 96000000 747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

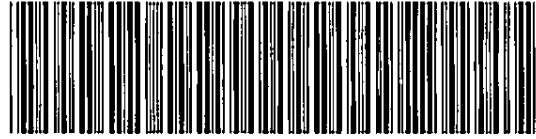
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200340892092

02/27/20--0114--008 1:17:53

FILED  
SEAM LARY OF STATE  
DIVISION OF RECORDED & PUBLIC ACCESS  
2020 FEB 27 PM 3:44

GM  
3/13/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N9600000747  
\_\_\_\_\_

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:

Kevin M. Davis  
\_\_\_\_\_  
(Name of Person)

Community Management Specialists, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

71 S. Central Avenue  
\_\_\_\_\_  
(Address)

Oviedo, Florida 32765  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Davis at (407) 3597-7202x101  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

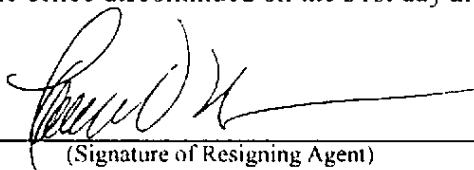
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Community Management Specialists, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.  
(Name of Corporation)

N9600000747  
(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:

Kevin Davis  
(Typed or Printed Name)

Registered Agent  
(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 FEB 27 PM 3:44

**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**