

N96 00000 1377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

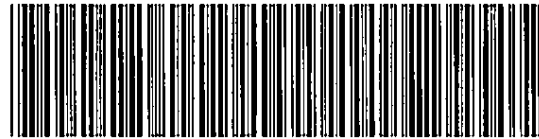
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20 MAY -8 AM 9:44

RECEIVED

MAY 27 2009
C.M. SMITH

COVER LETTER

20 MAY -8 AM 9:44

TO: Amendment Section
Division of Corporations

SUBJECT: Fairway Glen at Meadow Woods Condominium Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N6000001377

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:

Neil Bailey

(Name of Person)

NAB Community Management

(Name of Firm/Company)

PO Box 770446

(Address)

Orlando, FL 32877-0446

(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Bailey

407

856-7900

at (

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

20 MAY -8 AM 9:44

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Neil Bailey

(Name of Registered Agent)

hereby resigns as Registered Agent for Fairway Glen at Meadow Woods Condominium Association, Inc.

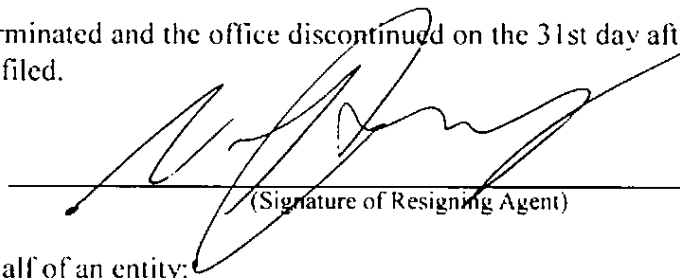
(Name of Corporation)

N6000001377

(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:

(Typed or Printed Name)

(Capacity)

Resignation should
be effective May 31st, 2020

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