

N97000005700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

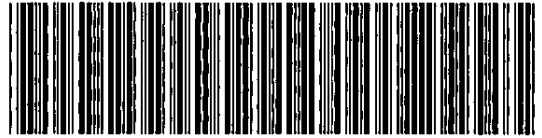
(Business Entity Name)

(Document Number)

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10/16/07--01015--002 **87.50

FILED

2007 OCT 16 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA. Resignation

TB

10-19-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cypress Woods HOA
(Name of Corporation)

DOCUMENT NUMBER: N 9700000 5700

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Belcavitch
(Name of Person)

Cypress Woods HOA, INC.
(Name of Firm/Company)

P.O. Box 838
(Address)

Sharpes, FL 32959-0838
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY BELCAVITCH at (321) 632-2013
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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**

FILED
2007 OCT 16 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Clifford Ager

(Name of Registered Agent)

hereby resigns as Registered Agent for Cypress Woods Homeowners' Association, Inc.


(Name of Corporation)

N97000005700

(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)

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withdrawn corporation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**