## N9800001111

(Requ	iestor's Name)	
(Addre	ess)	
(Addre	ess)	
. (City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
: : (Busir	ness Entity Na	me)
(Document Number)		
Certified Copies	Certificates	s of Status <u>*</u>
Special Instructions to Filing Officer:		

Office Use Only



600116409706

01/31/08--01014--006 \*\*87.50

SECRETARY OF STATE DIVISION OF CORPORATION

KA KES

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: THE HOMEOWNER'S ASSULIATION AT WISTWOOD LAKES, INC. (Name of Corporation)
DOCUMENT NUMBER: N9800000 1771
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:
L.EICH SLEMENT (Name of Person)
THE PROPERTY BROWN OF CENTRAL FLORIDA, INC. (Name of Firm/Company)
11902 RACE TRACK ROAD (Address)
TAMPA, FL 33626 (City/State and Zip Code)
For further information concerning this matter, please call:
LEIGH SLEMENT     at (\$\frac{813}{3}) \ 835-4860 \ EXT. 316       (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
orida Statutes, the undersigned, THE PROPERTY GROUP OF CENTRAL FLORIDA, INC., (Name of Registered Agent)	
ereby resigns as Registered Agent for The Homeowners Association AT WESTWOOD LAKES, In (Name of Corporation)	ve.
(Document Number, if known)	
copy of this resignation was mailed to the above listed corporation at its last known address.	
ne agency is terminated and the office discontinued on the 31st day after the date on which is statement is filed.  (Signature of Resigning Agent)	
signing on behalf of an entity:	
TEIGH SLEMENT  (Typed or Printed Name)  REPORT  (Typed or Printed Name)	
PROPERTY MANAGER 3	;
(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withdrawn corporation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