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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	TECT: Normandy Place Association
	(Name of Corporation)
DOC	UMENT NUMBER: 727896
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Willi	am Loving
	(Name of Person)
Nor	mandy Place Association
	(Name of Finn/Company)
653	3 Collins Av. #459
	(Address)
Mia	mi Beach, FL. 33141
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Willia	am Loving at (786) 279-4599 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

William Loving	hereby resign as	President - Director		
	, , , , , , , , , , , , , , , , , , , ,	(Title)		
of Normandy Place Asso	Normandy Place Association, INC.			
	(Name of Corporation)	,		
727896	, a corporation organized un	, a corporation organized under the laws of the State of		
(Document Number, if know	vn)			
Florida				

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314