743622

(Re	equestor's Name)	
(Ar	idress)	· -
(
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
TALL AHASSEE, FLORID



EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Islamorada Condominium Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 743622
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Robert Edmonds
(Name of Person)
(Name of Firm/Company)
6858 Toland Dr APT 207
(Address)
Melbourne, Florida 32940
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Edmonds at (321) 632-8005 (Name of Person) (Area Code & Daytime Telephone Number)
(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robert Edmonds	, hereby resign as Treasurer		
7		(Title)	
of Islamorada Condominium As	ssociation, Inc.		
	ne of Corporation)	*	
743622 (Document Number, if known)	a corporation organized under the laws	of the State of	
Florida	'		
Sm	(Signature of resigning officer/director)	O JAN 25 ECRETARY LLAHASSE	
	FILING FEE IS \$35.00	OF STATE	

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

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