748002

(Re	equestor's Name)						
(Ad	ldress)						
·	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
	·						
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
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Office Use Only



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by off.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Heritage Pines Improvement Association, Inc (Name of Corporation)
DOCUMENT NUMBER: 748002
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Board of Directors (Name of Person)
Heritage Pines Improvement Association, Inc. (Name of Firm/Company)
P.O. Box 93-4796 (Address)
Margale FC 33093-4796 (City/State and Zip Code)
For further information concerning this matter, please call:
Laura Perry at (954) 979 - 2235 (Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Laura Perry	, hereby resi	gn as <u>Secreta</u>	V U		
of_	Heritage Pines	Lax proverment (Name of Corporation)	Assaciation	1, T	nc	'
	748002 (Document Number, if known)	_, a corporation organized	under the laws of th	e State (of	
	Florida Saura	(Signature of resigning affice	er/director)	m _⊆ .	05 FEB -7 AM 8: 14	FILED

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