

765167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

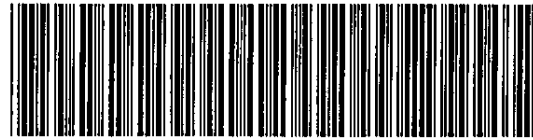
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MISSION OAKS OWNERS ASSOCIATION
(Name of Corporation)

DOCUMENT NUMBER: 765 167

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

Please return all correspondence concerning this matter to the following:

Mike Schmidt (President)
(Name of Person)

MISSION OAKS OWNERS ASSOC
(Name of Firm/Company)

Po Box 1124
(Address)

NEW SMYRNA BEACH FL 32170
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Schmidt at (386) 423 7295
(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**

I, MARIANNE M'AFEE, hereby resign as SECRETARY
(Title)

of MISSION OAKS OWNERS ASSOCIATION,
(Name of Corporation)

765 167, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

*Cannot get person to sign and sending
letter of resignation*

*Thanks
Mike Schmiedt
President*

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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