

NOG 000000 9017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

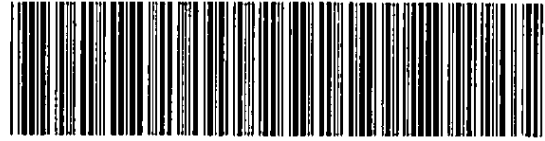
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Inverrary on the Lake Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000009017

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

Please return all correspondence concerning this matter to the following:

Shimon Mazar
(Name of Person)

Inverrary on the Lake Condominium Association, Inc.
(Name of Firm/Company)

8320 W Sunrise Blvd, Suite 207
(Address)

Plantation, FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

Shimon Mazar at (954) 397-3967
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, TORR G. HUSTON, hereby resign as SECRETARY / DIRECTOR
(Title)

of INVERRAY ON THE LAKE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

NO600009017

(Document Number, if known)

a corporation organized under the laws of the State of

FLORIDA



(Signature of resigning officer/director)

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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

FLORIDA STATUTE 607
INVERARRY ON THE LAKE CONDOMINIUM ASSOCIATION, INC.
TOM HUSTON

I, **TOM HUSTON**, hereby dissociate, resign, cancel, terminate, withdraw any and all of my rights and/or interests, including, but not limited to any Shareholder, Officer, Director, Membership and/or Management interests in **INVERARRY ON THE LAKE CONDOMINIUM ASSOCIATION, INC.** and do hereby transfer and/or assign any and all said rights and/or interests back to the corporation and/or to SHIMON MAZAR, their heirs, assigns, etc. effective immediately. I further authorize that all information, including addresses and tax related information be amended to reflect same with all governing bodies, including but not limited to the Florida Department of State, Division of Corporations; the IRS; and any and all other third parties. I hereby waive any objection related to the form of this instrument.

WITNESSED:

Annale Bestrod

[Signature]
TOM HUSTON

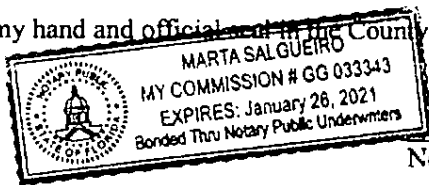
Annale Bestrod

DATED: 1-10-2020

STATE OF FLORIDA
COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me this 10 day of January 2020, 2019, by **TOM HUSTON**, who is personally known to me, or has produced a valid driver's license as identification.

WITNESS my hand and official seal in the County and State last aforesaid.



[Signature]
Notary Public

MARTA SALGUEIRO

NOTIFICATION ACKNOWLEDGED AND APPROVED BY INVERARRY ON THE LAKE
CONDOMINIUM ASSOCIATION, INC.

[Signature]
Date: 1-28-20